Empowering Women and Families
Since 1987
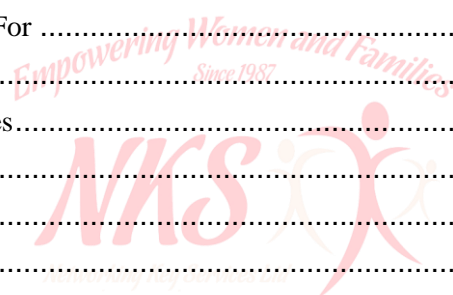
NKS
Networking Key Services Ltd

Health and Social inequalities
for
South Asian communities
in Edinburgh:
Pre and Post-COVID-19

Naina Minhas
NKS Manager

March 2022

Table of Contents

Acknowledgements

A number of people, staff and volunteers have contributed towards the study. First of all, I would like to thank all the survey participants who took time to complete the survey form. Without their support, it would not be possible to conduct the survey study.

Thanks a lot to all NKS staff and volunteers who disseminated the survey link to their mailing list and to those who provided one to one support to many of the participants to fill in the form.

My thanks go to Tatheer Fatima who helped me to understand Survey Monkey and to download the results to a Word document. Thanks also to Khalda Jamil who helped design the look of the survey report.

Thank you all who made their valuable contribution to help complete the report.

Summary of Recommendations

- There is a need for bilingual community workers within voluntary sector organisations to support grass root South Asian communities.

- Intensive outreach work to identify and engage with isolated South Asian families disproportionately impacted by the COVID-19 pandemic is urgently required.

- A dedicated befriending service should be introduced to support individuals; especially women and older people, who are at the risk of extreme isolation and are facing poor mental and physical wellbeing.

- There is a need for strategic intensive family support work to advise South Asian families taking into account the barriers faced by them and help to access relevant services in Edinburgh.

- Increased one to one support in digital learning, especially for women and older people, should be given to address issues of digital exclusion.

- Training and courses should be provided along with language support for South Asian women to enable them to enhance their skills to access the labour market.

- A culture and religious sensitive programme of a healthier lifestyle should be targeted towards South Asian communities to improve their health outcomes.

- Written information about COVID-19 and variants should be provided in South Asian languages.

- Dissemination of written information should be targeted at places regularly or frequently visited by South Asians.

- A confidential phone line in different South Asian languages will help people to discuss issues without fear of being judged.

- Outdoor activities such as social/recreational outings, walks, cycling and a platform for increased social networking should be provided to engage with South Asian people to improve their mental and physical wellbeing.

- Workshops to provide oral information about various services and health issues in people's first language will help them make informed choices to improve their quality of life.

- Increased resources for ethnic minority organisations to provide suitable support to communities disproportionately impacted by the pandemic are necessary.

- Mainstream organisations should work closely with the third sector to access hidden communities and engage with them via community workers trusted by them.

- Independent advocacy via ethnic minority community organisations should be made available to help grassroots access increasingly inaccessible health services because of long waiting lists and, to address the issue of widening health inequalities.

- Increased domestic violence cases need urgent attention to support women and children who are the main victims.

- One to one support should be provided to older people to help come out and engage in community activities.

Introduction

Health and social inequalities are interlinked. Social inequalities are defined by the lack of opportunities experienced by an individual or a community due to their deprived social background. Such inequalities can be socio-economic deprivation, unemployment, poor access to employment and education, low income, discrimination, housing or living in deprived areas and all those challenges that lead to the marginalisation of individuals or communities. Whereas health inequalities are differences in people's health across the population or between communities, social inequalities may result in poor health outcomes for people, leading to health inequalities. Widening social inequalities lead to widened health inequalities where people with poor social backgrounds have been evidenced to have a short life expectancy.

In Scotland, health inequalities relating to socio-economic determinants remain a big challenge. Scotland is seen as the 'sick man of Europe' (McCartney G.et al). According to a report by the Joseph Rowntree Foundation, 1 in 5 people live in poverty in Scotland after housing costs. The pre-covid-19 figures reveal that 1 in 4 children in Scotland lived in poverty (2017-20). Scotland aims to reduce child poverty by 2030/31. Living in poverty affects people's mental and physical health, and children's achievements.

Priority groups that include ethnic minorities, single parents, disabled people, and those who are unemployed and on a low income experience socio-economic deprivation disproportionately. Priority groups need to be targeted for poverty action. More than 2 in 5 people from ethnic minority background are living in poverty. High poverty rates for people from minority communities can be due to structural discrimination. Overall poverty rates are 19% but are 44% for ethnic minorities. Social determinants of health are unequally distributed between different ethnic groups as evidenced by the Health Inequality and Ethnicity in Scotland report. There are huge differences in the health status of different ethnic groups. People from some ethnic groups experience poor health outcomes compared to their white peers in the UK (Centre for Ageing Better, Nov. '21). Moreover, there are differences in the health outcomes for men and women, leading to an intersectionality aspect of challenges for women from ethnic minority communities.

A report published in September 2021 in England 'The Health of People from Ethnic Minority Groups in England', mentions that people from ethnic minority groups are more likely to report poorer health and experiences of using health services than their white counterparts. It further evidences that ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status in all communities.

"Unpicking the causes of ethnic inequalities in health is difficult. Available evidence suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect', but it is not clear if the relationship applies equally across all ethnic groups. Among ethnic minority groups, structural racism can reinforce inequalities, "a negative impact on health. Evidence shows that racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups" (The Health of People from Ethnic Minority Groups in England).

The report reveals that Bangladeshi and Pakistani communities along with Gypsy and Irish travelers have the poorest health outcomes across a range of indicators. Compared with the white population, disability-free life expectancy is

estimated to be lower among several ethnic minority groups.

The key national outcomes of Scotland's National Performance Framework include that the people of Scotland live healthy and active lives, people's human rights are protected, and poverty tackled along with communities being empowered and made resilient. The framework is about the wellbeing of people living in Scotland. To work in line with the national framework, it becomes pertinent to address issues for marginalised communities experiencing poor social and health outcomes.

The COVID-19 pandemic and public health crisis over the last two years has further highlighted the widening of these existing inequalities for marginalised sections of society. The priority groups such as women and children; people with disabilities and ethnic minority groups have been impacted disproportionately. The Scottish Government report published in December 2020 states:

"*COVID-19 impacts have been (and are likely to continue to be) borne unequally, are expected to widen many existing inequalities and produce disproportionate impacts for some groups that already face particular challenges*".

The Scottish Government's further independent enquiry under Act 2005 evidenced that the pandemic had been and would continue to be experienced disproportionately by women, the minority ethnic elderly and the disabled. The health of minority ethnic groups had been disproportionately affected by COVID-19 because of health vulnerabilities, access to treatment and other support. Level of distress and depression are higher among them. Minority ethnic women are more likely to lose working hours over the course of the crisis; 39% of minority ethnic women compared to 14% white women.

Due to the dramatic impact of the pandemic on the economy, there has been a huge negative affect on families' economic circumstances; with a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the white population. Geography, deprivation, occupation, living arrangements and health conditions such as CVD and diabetes accounted for a large proportion, but not all of the excess mortality risk of COVID-19 in ethnic minority groups. COVID-19 has reversed the previous picture for some ethnic minority groups, which now have higher overall mortality than the white population.

*"Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in deprived and ethnic minority communities. A cross-government strategy for reducing health inequalities (and the wider socio-economic and structural inequalities that drive them) and addressing the diverse health needs of all groups at risk of poor health and high mortality has never been more urgent." (*The health of people from ethnic minority groups in England, Sept 2021)".

Although good quality data remains unexplored for the need to influence policies, to identify the specific needs of ethnic minorities, and to address inequalities issues, NKS has attempted through surveys and focus groups to assess the impact of the pandemic on South Asian communities in Edinburgh.

NKS conducted a survey study in 2020 to assess the impact of COVID-19 on South Asians in Edinburgh. 115 people participated in the survey. It emerged that 100% of the participants felt that they had been impacted by the pandemic. 57% reported to have been impacted severely. 45% felt that there is a stigma attached to being COVID-19 positive and people are not revealing their health status in South Asian communities. 80% feared for their or their loved one's physical and mental health. 89% felt that their life had been severely affected by the pandemic and 55% reported to have suffered financial hardships. 46% reported that they lost community support during COVID-19 and 68% felt that the support they were receiving pre-covid times had stopped due to the pandemic.

Aim and Purpose of the Study

By the end of 2021, with various mutations and variants of COVID-19 appearing and taking communities into its grip, NKS has taken a step further with the purpose of investigating the after effects of the public health crisis, mainly on South Asian communities in Edinburgh via a survey report. There is a need to identify and address many challenges faced by the marginalised and disadvantaged grass root ethnic minority communities that have been exacerbated by the COVID19 pandemic. The challenges and barriers for communities have been identified here by approaching South Asian people, supporting, and encouraging them to complete the survey form. The findings of the report are intended to be used to develop suitable and effective strategies to address inequalities experienced by communities and to empower them to improve their life circumstances and become resilient in the long run.

Background to the Study

Networking Key Services Limited (NKS) is a health and welfare organisation in Edinburgh. It was set up in 1987 with the aim of combating isolation and deprivation experienced by South Asian women and their families. NKS has strived to address socio-economic and health inequalities for marginalised sections of ethnic minority communities. Through the work of the organisation with grassroots, many challenges have been identified that result in poor health and socio-economic outcomes, especially for South Asians. Poverty, low income, poor health status and social exclusion, marginalisation and isolation are some of the issues that lead to inequalities for them. The issues identified by NKS over the years are backed up by a number of studies in Scotland and through NKS research projects.

NKS conducted a research study in 2014 – Changing Cultures; Inequalities in Health in South Asian communities where 114 people participated in a survey. It emerged that 64% spoke very little or no English; 41% of the participants felt isolated and 50% used services with support from family or community workers. The report identified clear inequalities and barriers for South Asian women and recommended suitable services for them.

The COVID-19 pandemic has widened the existing inequalities for South Asian communities, who have been impacted disproportionately, and that have already been evidenced by several studies. There is a need for specific strategies to mitigate the long-term impact of the pandemic on these marginalised communities. The strategies need to be in line with the challenges faced by them and their needs. NKS has carried out this investigation to further understand the challenges and barriers for the community and form appropriate strategies to address these.

Methodology

NKS has consulted South Asian communities in Edinburgh via a survey and focus groups to identify the extent of health and social inequalities experienced by them in the last two years and how the COVID-19 pandemic has impacted different areas of their life. The consultation also sought to identify their pre-COVID-19 quality of life and the challenges faced by them to be able to assess the difference made by the pandemic.

A questionnaire was devised and piloted with 20 people and changes made accordingly. The questionnaire devised on Survey Monkey was sent to 300 South Asian people in Edinburgh. The sample chosen was from the mailing list of regular NKS service users. 161 people filled in and submitted forms online. Around 50% of the respondents needed help to fill in the form due to a language barrier. We needed to give some extra time and resources to many respondents as they required one to one support to fill in the form.

The questionnaire entailed 30 questions, and most were tick box questions to ensure a quick and good response. There were some open-ended questions to get detailed views of the respondents on certain aspects of their day-to-day life. Once the forms were received, the results were analysed via Survey Monkey and were backed up by focus groups with a sample from the respondents of the survey to ensure constructive results of the survey.

The Survey Results

Section 1 - Profile of the Survey Respondents

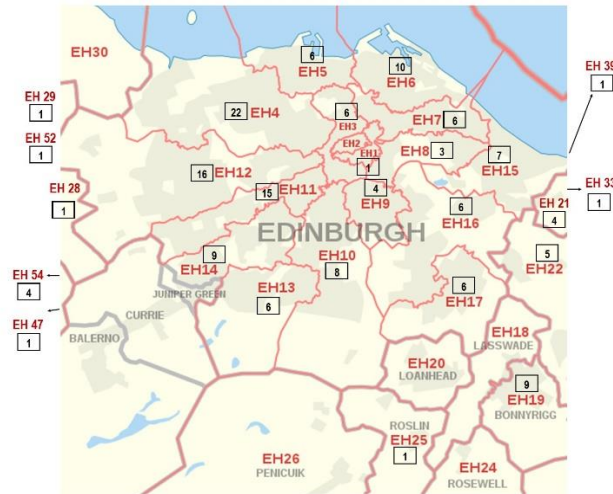## Q1 Personal details

Postcodes

Figure 1

Figure 1 indicates the areas respondents come from. The highest number of respondents come from the postcode EH4 (22) followed by EH12 (16) and EH11 (15). 10 respondents are from EH6, 9 from EH14, and 8 each from EH10 and EH19, 7 from EH15 and 6 each from EH3, EH7, EH13, EH15, EH16, and EH17. 5 respondents were from EH22, 4 from EH21 and EH54 and 3 from EH8. There was one each from several other postcodes.

The EH4 area mainly covers Davidson, Blackhall, Cramond and Craigleith. EH12 covers Corstorphine and Gyles and EH11 is Gorgie, Stenhouse, Sighthill and Calders. EH6 is mainly the Leith area.

As NKS is serving families Edinburgh-wide, our regular members come from all over the city.
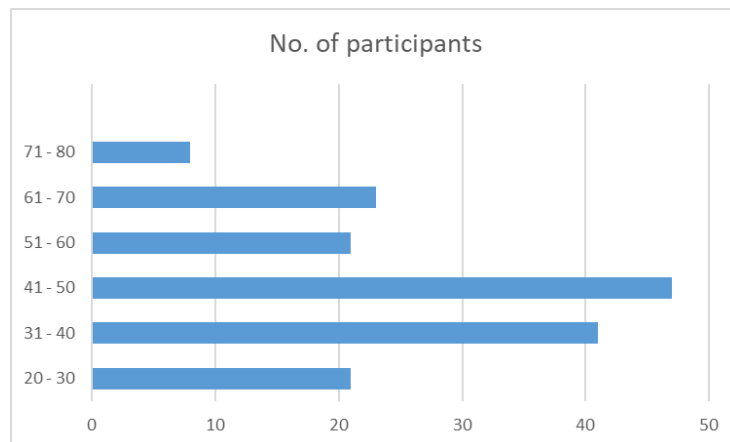
Ages of the Respondents

Figure 2

6

Figure 2 clearly shows that majority of the respondents (47) were from the age group 41 to 50 years of age followed by the age group 31 to 40 years of age (41 respondents). 31 people over the age of 60 responded and 21 respondents were from the age group 51 to 60 years of age. A further 21 respondents were from the younger age group of 20 to 30 years of age. We clearly managed to cover and represent all age groups for the purpose of our investigation. As a result, the experiences and issues represent all age groups of South Asians spread out in different areas of Edinburgh.
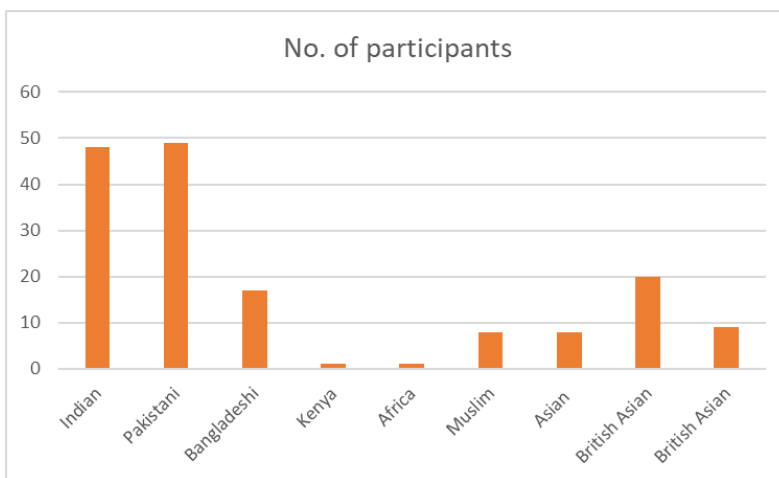
Ethnic Origin of the Respondents

Figure 3

The majority of the people who responded were from the Pakistani (49) and Indian (48) communities. There were only 17 respondents, who identified themselves as Bangladeshi. Although the number of people of Bangladeshi origin is much higher on our mailing list, the low number of people responding can be put down to the number of barriers faced by people from the community to come forward and talk about the challenges faced by them. Language barriers and low literacy levels among Bangladeshi women in Edinburgh are the main barriers.

It is interesting to note that many respondents identified as British Asians. Most identifying themselves as British (9) and British Asians (20) are from the younger age group.
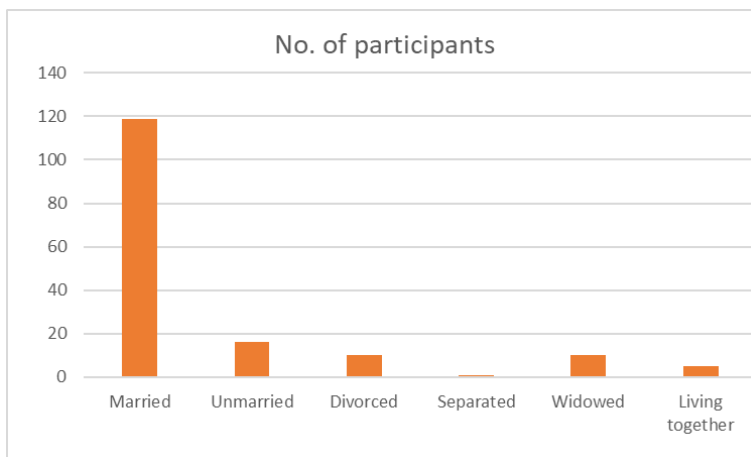
Marital Status of the Respondents

Figure 4

A high number of respondents (118) are married. Only 16 respondents are unmarried, whereas 10 are divorced and 10 widowed. One respondent is separated and 5 are co-habiting.
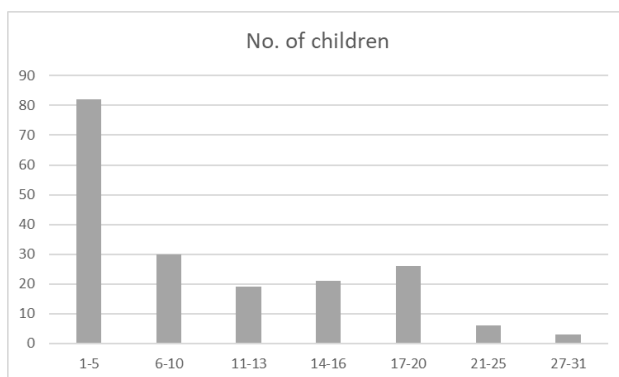
Number of Dependent Children and Their Ages

Figure 5

The number of children who are dependent are from a range of age groups. We narrowed down the figures for the number of children and their ages by forming age groups, as this seemed manageable. As shown in figure 5, 82 dependent children are from the age group 1 to 5 years of age, 49 are from the age group 6 to 13 years of age and 47 dependents are teenagers from the age group 14 to 20 years of age. This clearly indicates that the majority of the respondents are families with children and young people. There are 9 dependents from the age group 21 to 30 years of age.
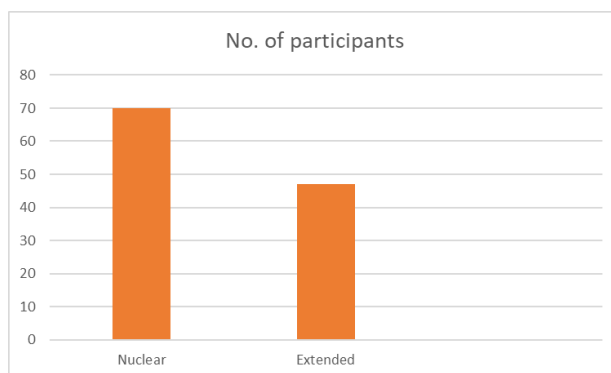
Type of Family

Figure 6

As in figure 6, only 118 responded to the question regarding type of family they live in. 70 respondents reported living in nuclear families and 48 live in extended families. Over 1/3rd of the respondents live in extended families. This shows that the extended family system is still preferred in South Asian communities.

Health Conditions

No. of participants
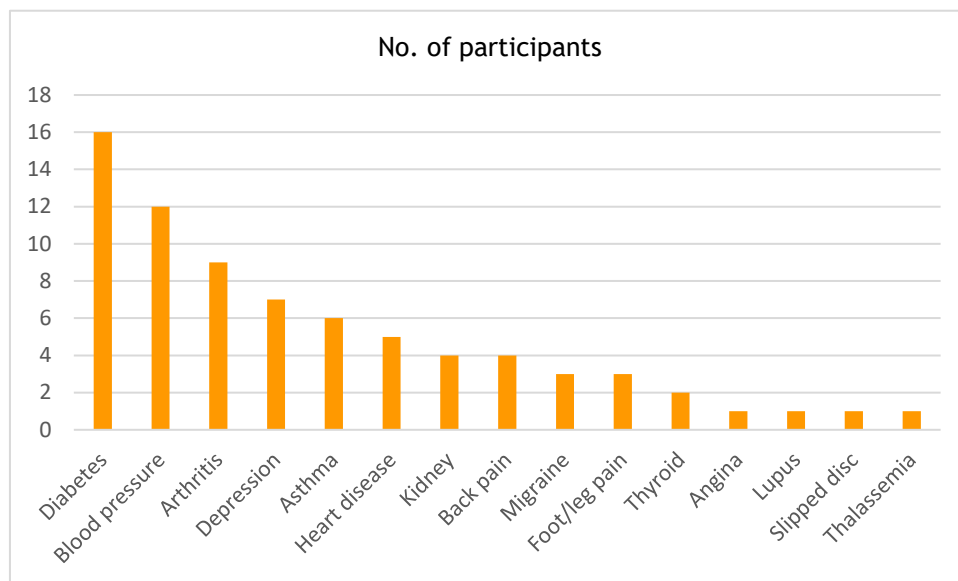
Figure 7

Figure 7 indicates that diabetes is the health condition most prevalent in South Asian communities. 16 people reported having diabetes followed by 12 respondents reporting high blood pressure. 9 people had arthritis and 7 reported going through depression. 6 have asthma and 5 reported to have heart disease, followed by back pain, kidney disease, thyroid issues and angina etc.

Paid/Unpaid Carers
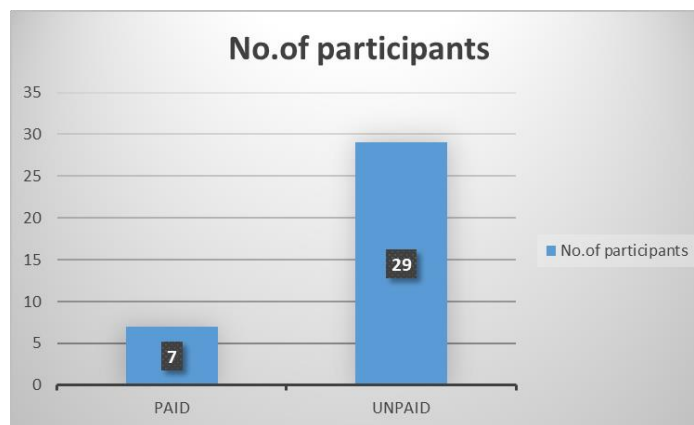
Figure 8

As shown in figure 8, 36 respondents identified themselves as carers, but only 7 were paid carers. A high number (29) in South Asian communities are unpaid carers. The number of unpaid carers could be higher as most female unpaid carers do not even count themselves as carers. They identify themselves as looking after a member of the family as part of their daily duties and responsibilities towards their family.

9
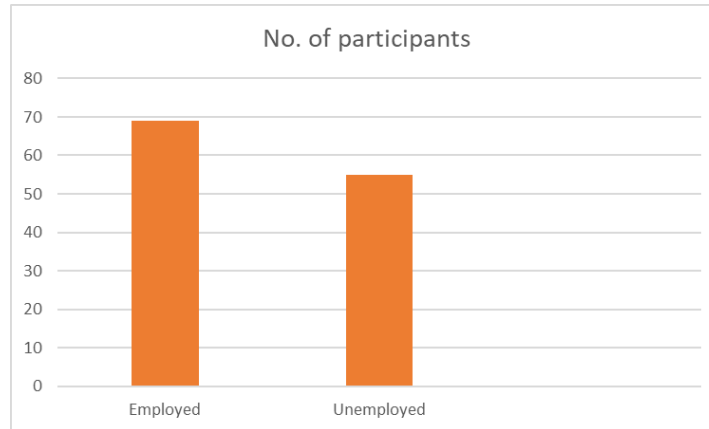
Employment Status

Figure 9

Of 161 respondents, 124 responded regarding their employment status. 69 reported to be employed at the time of filling in the form and 55 reported to be unemployed. From the data presented above, it is difficult to say why and how they are unemployed. There is a possibility that female respondents are homemakers and are not employed by choice. Although there is plenty of evidence through various studies that a higher percentage of ethnic minority people are unemployed as against their white counterparts, the information further on will give some indication in relation to this where respondents report on the length of unemployment.

Employment Sector
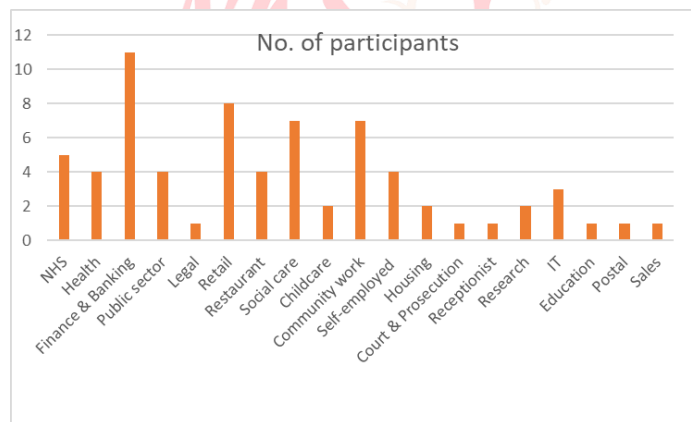
Figure 10

It is interesting to note from figure 10 that a high number of those employed work in the finance and banking sector followed by retail, community work and social care. Those working in retail, social care and restaurants are mainly working on daily wages and have been affected the most during the pandemic.

Length of Unemployment
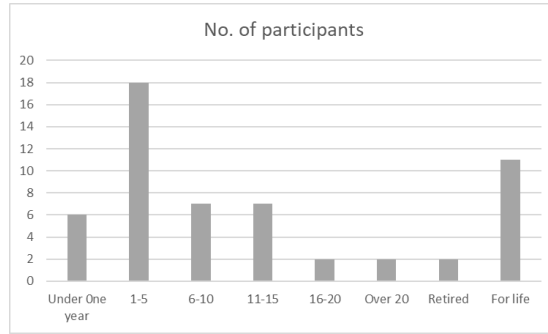
Figure 11

Figure 11 shows that a high number of the unemployed have been out of jobs for between 1 and 5 years (18) or under one year (6). It is likely that almost half of those who reported to be unemployed have lost their jobs as a result of the pandemic. Those reporting being unemployed for life could be female respondents who are homemakers, but some may have been unemployed due to health conditions. 7 respondents reported to have been unemployed for 11 to 15 years and 4 reported to have been unemployed for between 16 to 20 years. It is clearly evident here that 11 respondents have been unemployed for two decades. Hence, we conclude, that unemployment has always been an issue and challenge facing South Asians and may have been exacerbated further due to the pandemic.

Q2 what are your qualifications?
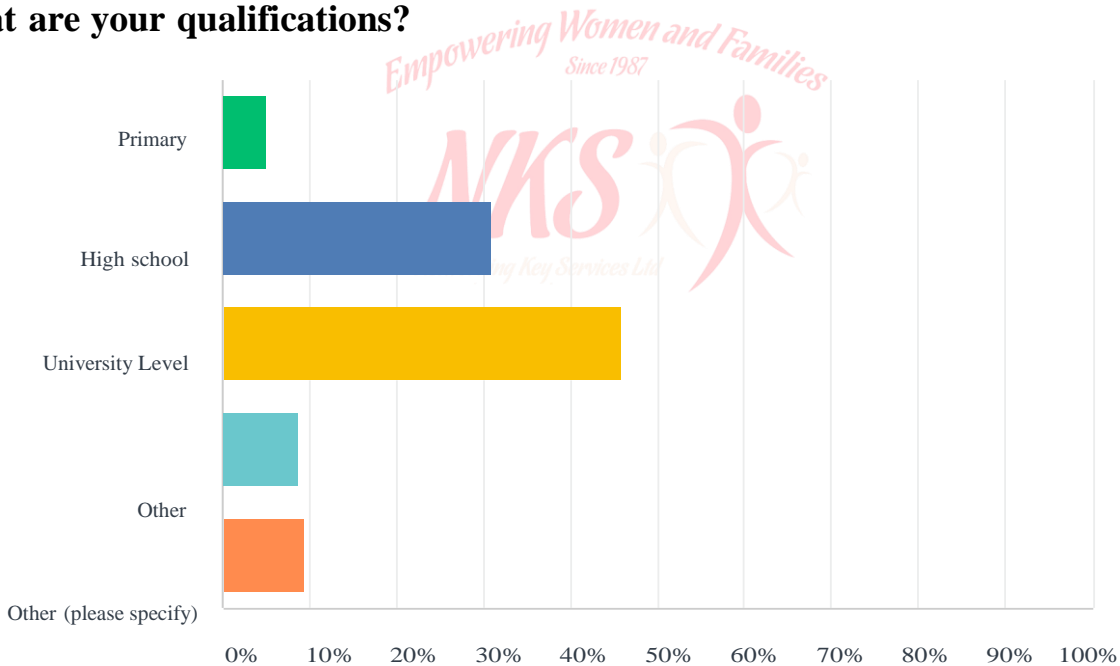
Figure 12

ANSWER CHOICES	RESPONSES	
Primary	5.03%	8
High school	30.82%	49
University Level	45.91%	73
Other	8.81%	14
Other (please specify)	9.43%	15

Over 75% of the survey participants were educated either to high school or university level. Almost 25% of the participants were either educated to primary level or ticked the 'other' check box. We conclude from this data that the survey has not reached the very grassroots who are not equipped to respond due to low digital or general literacy levels required to fill in the survey form.

NKS staff and volunteers worked closely with the 25% to provide support to fill in the survey form. The main challenge for them was a language as well as digital knowledge barrier. NKS had limited capacity in terms of time and resources to be able to reach more grassroots.

Summary of the Participants' Profile

- Due to the change in population demography, NKS service users' profile has changed over the years. An increased number of families using NKS services are from areas such as Davidson, Blackhall and Crammond in the North and Gorgie/Dalry in the West side of the city. The primary reason being many Indian families have settled in these areas in the last couple of years, and have been seeking South Asian connections and platforms to increase their networks in their own communities.
- The profile of respondents indicate that the majority are in the age group of 41 to 50 years of age followed by 31 to 40 years of age group. Perhaps the reason for this may be language, cultural and religious barriers faced by middle age groups living in Scottish society, who are seeking services provided by bilingual or multilingual community workers.
- The low participation of the Bangladeshi community in the survey indicates the complexity of barriers faced by them and the need for intense support to ensure proactive participation.
- 138 respondents are either married, widowed, divorced or separated, with 187 dependent children between them, meaning that a large number of families rather than individuals living on their own use NKS services.
- Extended families are still preferred and popular among Pakistani and Bangladeshi families as 1/3rd of the respondents live in extended families.
- Figure 8 clearly indicates that a high number of respondents who identify as being carers are unpaid. Is it the lack of information about their rights or lack of accessibility to carers' services?
- Unemployment is a big challenge for South Asian families, as nearly half of the respondents who answered were unemployed and a large percentage has been unemployed for between 1 and 5 years.
- Finance and banking followed by retail are the sectors of employment for South Asians.
- Nearly 36% of the respondents have never been to university.

Q3 Were/are you or anyone in your family COVID-19 positive?
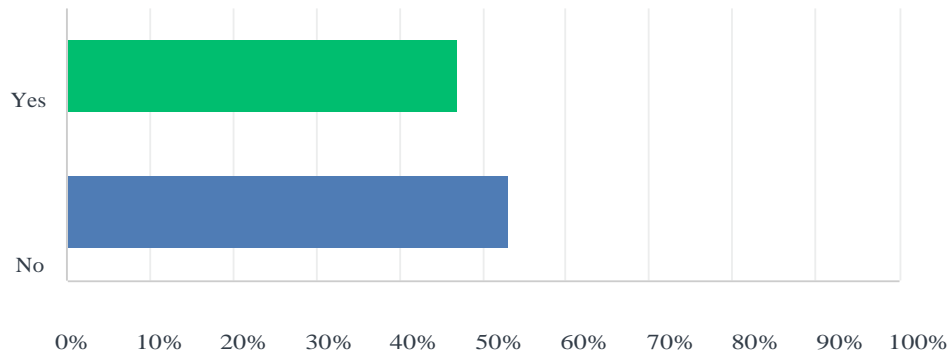
Figure 13

ANSWER CHOICES	RESPONSES	
Yes	46.88%	75
No	53.13%	85

Of the 161 respondents, 75 ticked yes for COVID-19 positive. Almost half of the participants (46.88%) were either themselves or had a member of the family who was COVID-19 positive. Since the survey was conducted, many more have tested as being COVID-19 positive, not only in the community, but among staff and NKS board members too.   Through our experience of working with BAME communities, we can safely assume here that many participants from grass root communities would have been hesitant to disclose such information due to the stigma and restrictions surrounding being COVID-19 positive.

Q4 If yes, how many were/are COVID-19 positive?

Amongst the 75 respondents who revealed a positive COVID-19 status in their family, 155 individuals in total in their families were COVID-19 positive at the time of filling in the survey forms. In most families, on an average, two people were COVID-19 positive, but due to the structure of extended families in South Asian communities, many had 6 or 8 members of the family who were COVID-19 positive.

Q5 Did COVID-19 impact your quality of life?

Figure 14

13
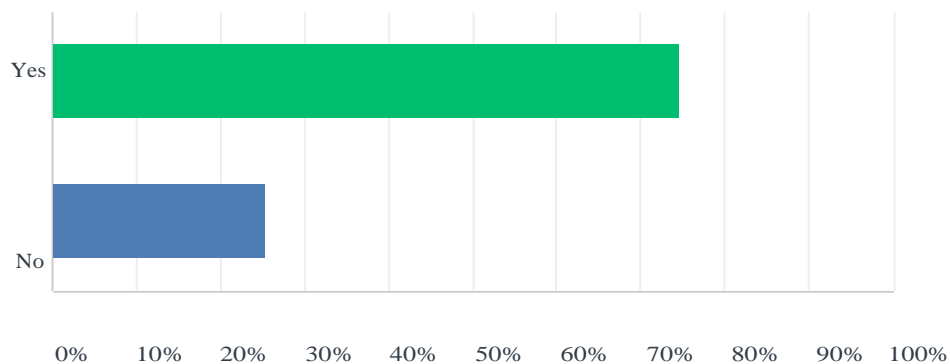
ANSWER CHOICES	RESPONSES	
Yes	74.68%	118
No	25.32%	40

A staggering three fourths of the participants informed that their quality of life has been impacted due to the pandemic. Although all communities have been impacted by COVID-19, a number of studies evidence that BAME communities, especially South Asians, were disproportionately impacted by the pandemic.

Q6 If Yes, then how? Please tick the following that apply
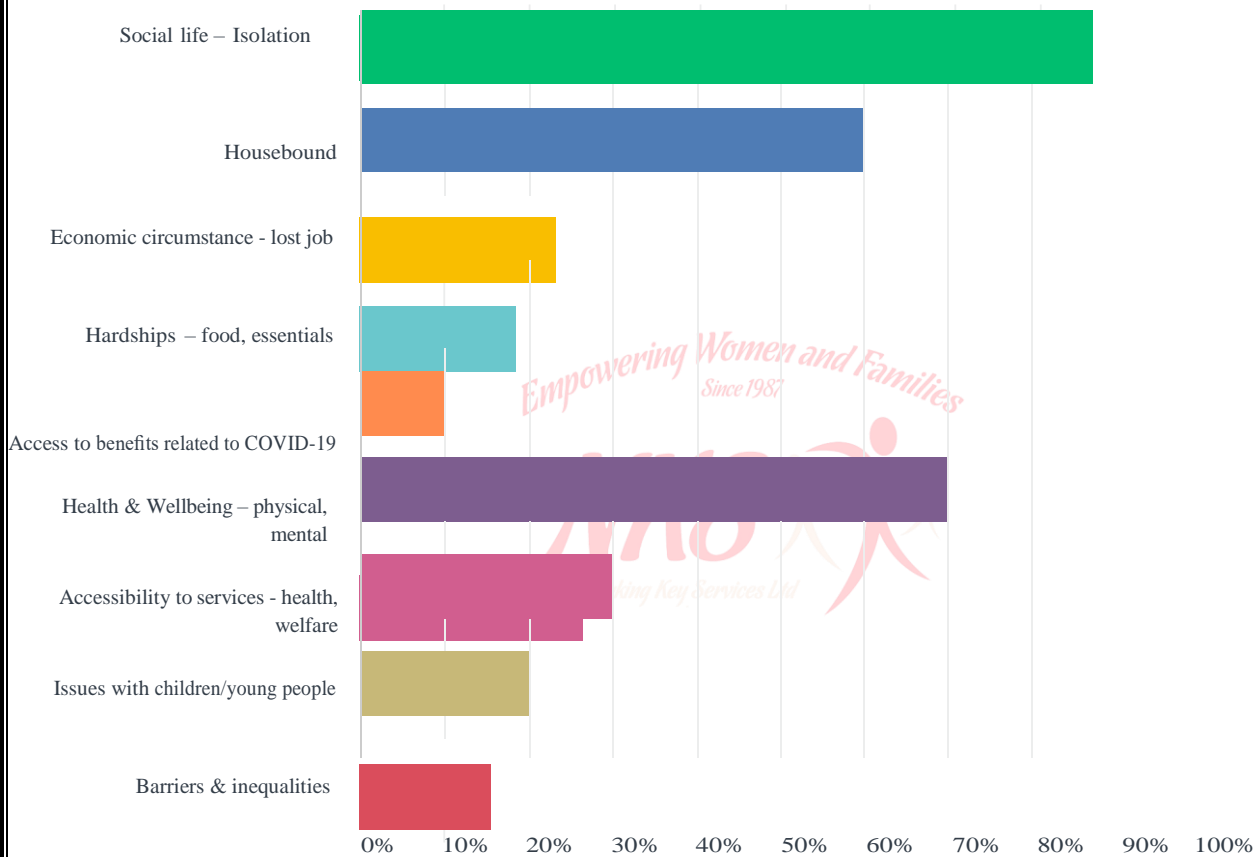
Figure 15

ANSWER CHOICES	RESPONSES	
Social life – Isolation	82.95%	107
Housebound	59.69%	77
Economic circumstances – lost job	23.26%	30
Hardships – food, essentials	18.60%	24
Access to benefits related to COVID-19	9.30%	12
Health & Wellbeing – physical, Mental	69.77%	90
Accessibility to services – health, welfare	26.36%	34
Issues with children/young people	19.38%	25
Barriers & inequalities	5.50%	20

Understandably, social isolation and health and well-being have been reported to be most affected for the survey participants (82.95% and 69.77%).   This is of huge concern to community organisations that work with BAME communities, as the pandemic has added to the challenges of isolation and loneliness as well as the poor health outcomes that already existed for South Asian communities. This has brought on board the widening social and health inequalities for these already marginalised communities.

Q7 Did you experience isolation and loneliness?
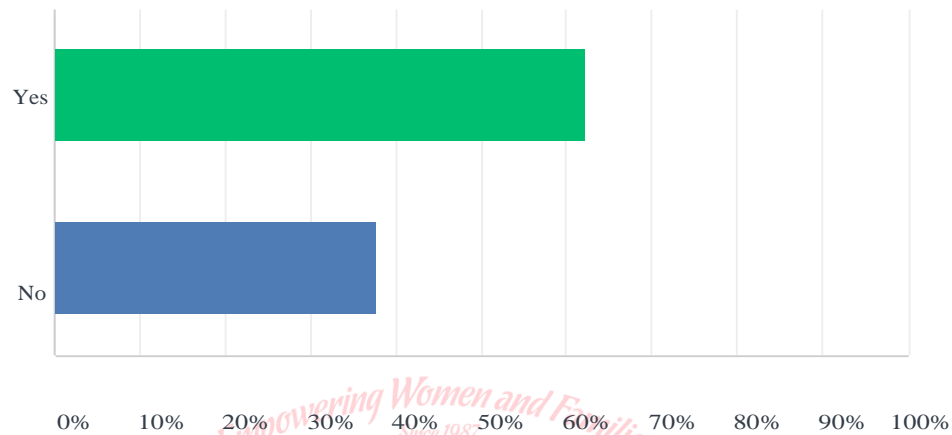
Figure 16

ANSWER CHOICES	RESPONSES	
Yes	62.26%	99
No	37.74%	60

As social isolation has always been an issue for South Asian families, this issue has been explored further to be able to obtain insight into the challenge of isolation for BAME communities. Again, over 60% did agree that they experienced isolation and loneliness.

Q8 If yes, then please tick the following that apply.

Figure 17

15
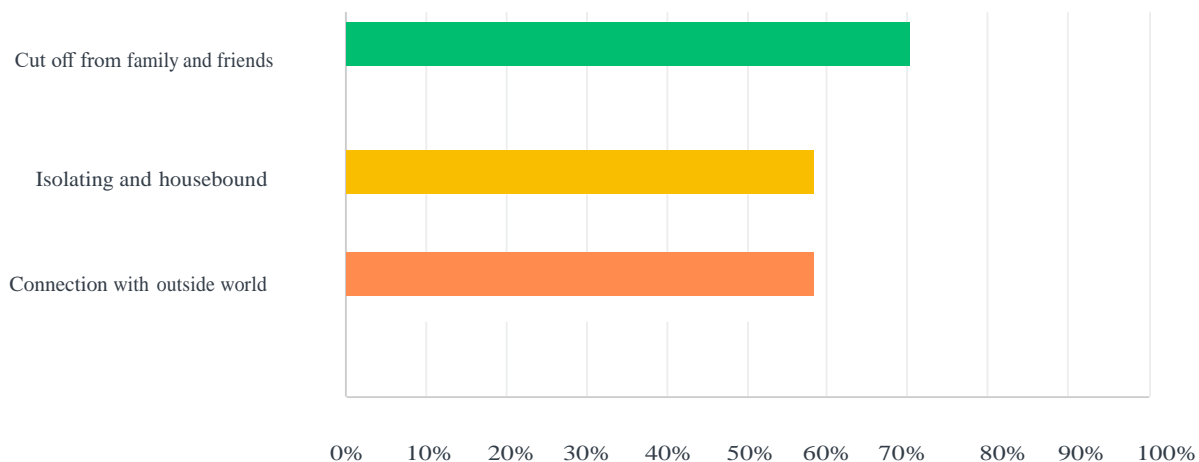
ANSWER CHOICES	RESPONSES	
• Cut off from family and friends	70.34%	83
• Isolating and housebound	58.47%	69
• Connection with outside world	58.47%	69

To further obtain insight into how the participants were isolated and to some extent, why they were isolated, we asked them to tick the reasons they felt isolated. Over 70% responded that they felt isolated as they were cut off from family and friends. This impacts families to a large extent as for South Asian communities their social connections mainly entail extended families and getting cut off from their core social contacts can have an extreme impact on their mental health. 58% responded by ticking that they were isolated as they were either shielding or quarantined. Many older people became house bound as there was very little support available to them to connect and engage with the outside world, services and opportunities that were usually provided to them by community organisations in normal circumstances, when free of the public health crisis that we all saw in 2020 and 2021.

Q9 Did or has the pandemic impacted your economic circumstances?
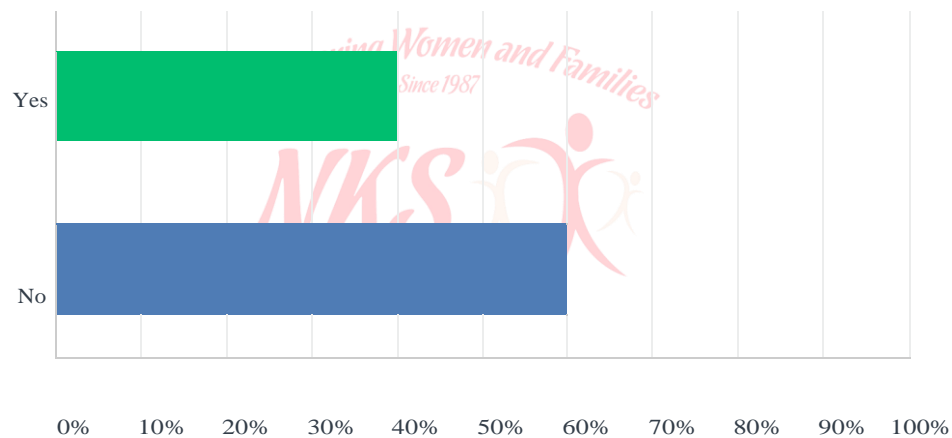
Figure 18

ANSWER CHOICES	RESPONSES	
Yes	39.49%	62
No	60.51%	95

It is interesting to note approximately 40% of the participants were impacted economically. We would conclude that most affected economically are those in unskilled or semi-skilled casual jobs. As question 2 of the survey reveals that 25% of the respondents have a low literacy level, we will go with the assumption that they were impacted more than those with a higher education were.

Q10 If yes, then how? Please describe briefly

62 respondents informed that they were economically affected due to the pandemic. The reasons given by those affected were wide ranging, but the most common reasons were a lack of business, reduced wages and job losses due to the casual nature of jobs.

16

"My husband drives a taxi and I am a housewife. It's difficult to manage as my husband is not getting much work".

"Worked in a shop. Lost my job".

"Reduced working hours and facing paying bills and other expenses".

"I lost my business and facing financial difficulties".

"I went to Pakistan and got stuck there due to red list. Took six months before I could come back. Lost time and money".

"I am dependent on paying guest income. It all went bust".

"Our business got affected. Now only half income".

"Was unable to work due to the restrictions".

A large number of people from the Pakistani and Bangladeshi communities work in corner shops or own corner shops; work in catering businesses on daily wages; or are taxi drivers.   The majority of the respondents (50%) lost their jobs as casual workers. One fourth of them reported to have reduced wages and increased responsibilities due to all members of family being stuck at home. Heating and food bills went up. Some (5) lost their jobs due to ill health as a result of being COVID-19 positive. More than half of them reported to have deteriorating economic circumstances due to a lack of business. Taxi drivers almost had no business in 2020 and less business in 2021. Three of the respondents reported to be stuck in Pakistan and family here in Scotland faced hardships, as they could not even access financial help due to the absence of the main earner who was not present in Scotland.

From the information provided by the survey participants, it is evident that a huge number of South Asians are either on daily wages or are under-employed in casual jobs. They seemed to have been hit hard and are still experiencing financial hardships. This is also backed up by the number of cases received by the NKS family support officer every week in the last two years. The majority of the cases have been in relation to the lack of information and barriers faced in accessing financial help that families could get.

Discussion and Summary of the Socio-economic Impact of COVID-19

Of the 161 respondents, 75 reported being COVID-19 positive at some stage and a further 155 of their family members experienced ill health due to COVID-19. It is evident that South Asian communities have been severely impacted by the pandemic. As we write this report, another variation of COVID-19 – Omicron - is spreading fast, resulting in many more cases.

The survey findings clearly indicate the negative impact on South Asian communities. Compounded by poor health outcomes; the deteriorating social and economic circumstances of families; and the main determinant factors being loneliness and social isolation due to government restrictions; this has led to reduced social interactions and poor economic circumstances due to the loss of businesses and jobs as well as reduced wages.

Our findings are backed up by many other studies in Scotland. The Scottish Government paper; Impact of COVID-19 on Equalities in Scotland reveals that people from minority ethnicities are

experiencing the economic effects of the public health crisis, as they are more likely to work in the 'shut down' sector and hospitality and have less savings to rely on. It further states, deaths among people in South Asian ethnic groups in Scotland have been almost twice as likely to involve COVID-19 as deaths in the white ethnic population.

The online National Statistics (www.ons.gov.uk) evidences that people from minority ethnic groups make up just over a quarter of dental practitioners, medical practitioners and opticians. Also, they are more likely to be nurses, auxiliaries and technicians.   In summary, Black and Asian people are more likely to be in higher risk jobs. A third of taxi drivers and chauffeurs are from the Pakistani and Bangladeshi communities. This is very well in line with NKS service users in the South Asian communities in Edinburgh and the Lothians.

Loneliness and isolation that already existed among grass root South Asian people has been exacerbated due to the pandemic. As Kiren (an engagement Policy Officer with VHS) indicates in her Blog; loneliness and isolation is a public health issue. It impacts people's mental and physical health resulting in poor quality of life. The pandemic has no doubt relentlessly impacted the quality of life for the participants of the survey and their families. Kiren in her blog further mentions that loneliness and isolation is exacerbated by social and economic circumstances along with financial resources at people's disposal and knowledge and social capacity. Here we can safely conclude that deteriorating socio-economic circumstances of people due to the pandemic has had a huge impact on people's life circumstances and lifestyles.

Recommendations

- There is an urgent need for befriending services for isolated people in South Asian communities and a consequent need to recruit bilingual/multilingual community workers in the third sector.
- As community activities intervention is most effective in combating loneliness and isolation among people, the provision of a programme of activities in group settings will help reduce isolation and its long-term negative impact on people.
- Deteriorating economic circumstances of South Asian families calls for urgent action in relation to poverty issues among them. Increased family support, upskilling and learning new skills to increase job opportunities needs to be introduced to improve economic circumstances of families in South Asian communities.

Q11 Health & Wellbeing - How is your health at the moment on a scale of 1 to 5? (1 being poor and 5 is excellent)

	(5)		(4)		(3)		(2)
(1)							
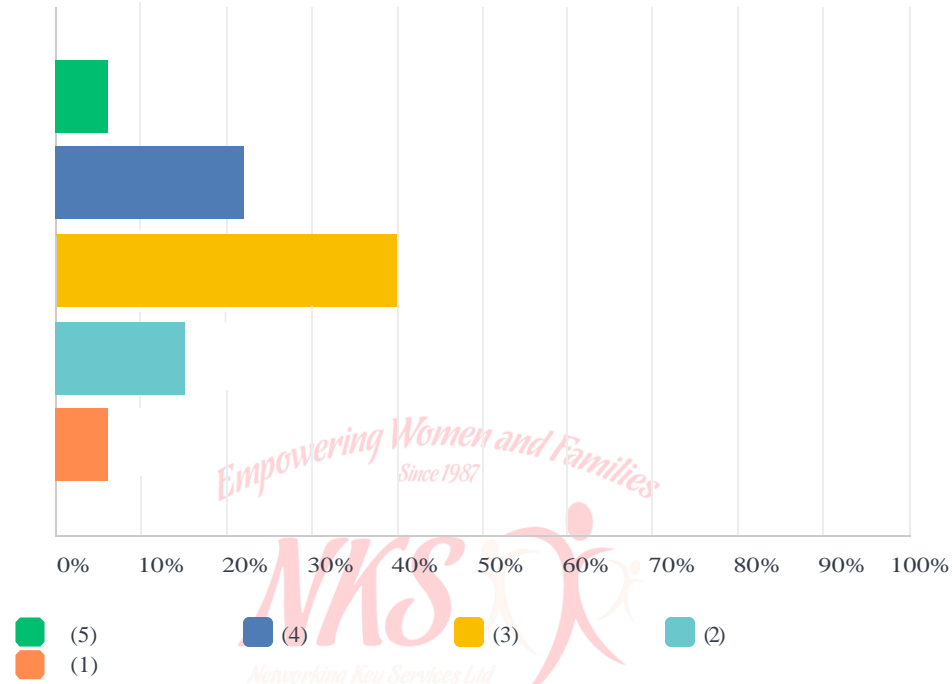
Figure 19

	(1)	(2)	(3)	(4)	(5)	TOTAL	WEIGHTED AVERAGE
(no label)	6.33%	15.82%	39.87%	23.42%	14.56%		
	10	25	63	37	23	158	3.24

On a scale of 1 to 5, 63% of the respondents reported their health as 3. This means that more than half of the respondents felt their health to be average and 37% reported their health to be above average and about 15% felt their health to be 5. Whereas 25% reported their health to be below average and 6.33% felt their health to be poor.

In summary, over 30% of the respondents felt their health to be below average and 63% felt it to be average. Here we conclude that health outcomes for over 90% of the respondents needs to be addressed. The respondents that reported their health to be average could have better health outcomes if engaged actively without restrictions to move around freely.

Q12 Has the Pandemic had an affect on your health?
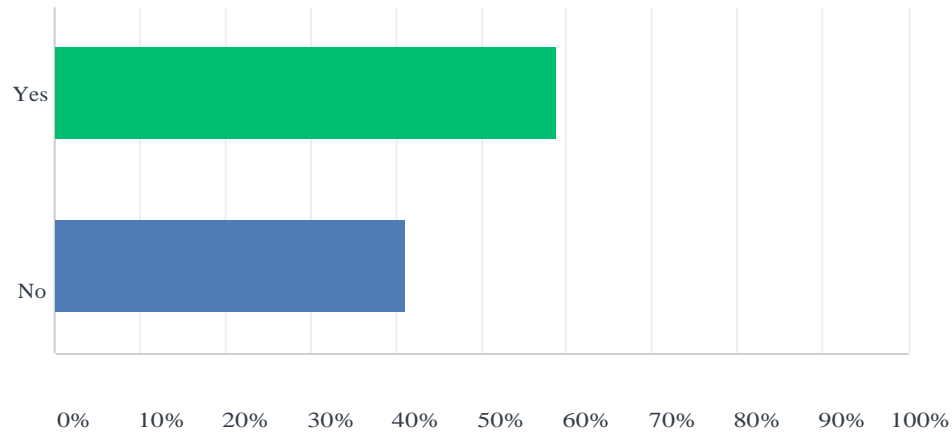
Figure 20

ANSWER CHOICES	RESPONSES	
Yes	58.86%	93
No	41.14%	65

In question 5 of the survey nearly 75% of the respondents reported their quality of life had been affected due to the pandemic. The deteriorating quality of life can be linked to the question here about health outcomes for people due to the pandemic. Over 58% felt that their health was affected due to the COVID-19 pandemic. Interestingly, over 40% felt that the pandemic situation did not have any impact on their health. This leads us to conclude that many people in South Asian communities have become health conscious and have looked after themselves during difficult times.

Q13 If yes, then how?
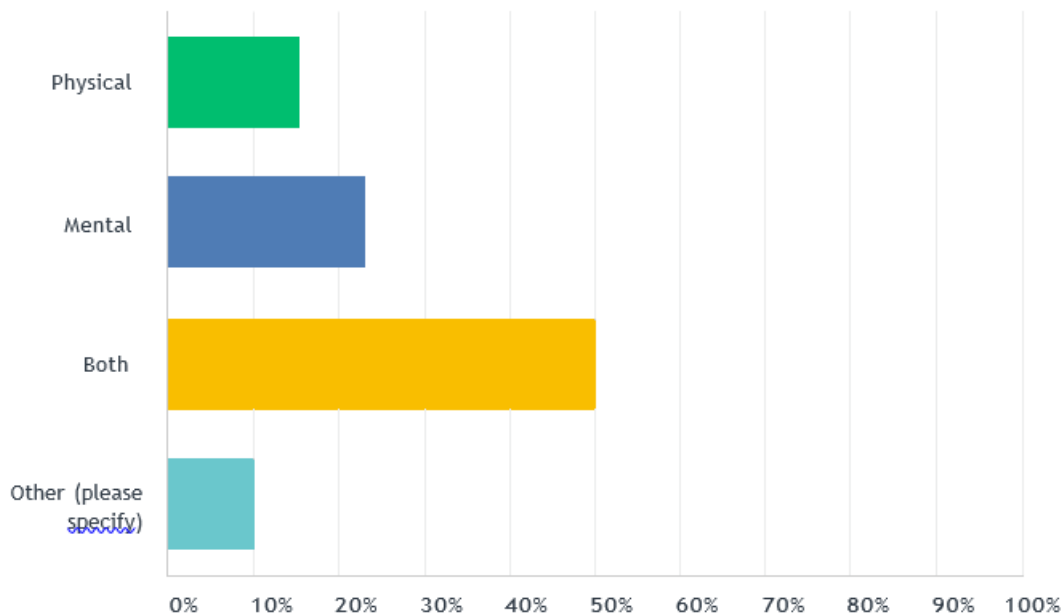
Figure 21

ANSWER CHOICES	RESPONSES	
Physical	15.53%	16
Mental	23.30%	24
Both	50.49%	52

Of those reporting poor health outcomes, over 50% felt that both their physical and mental health were affected. It is to be noted here that an increased number of respondents felt their mental health was affected more than physical health. South Asian communities already struggle with the concept of mental health where the issue is stigmatised. There is no word for mental health in South Asian languages. Despite all these factors, more than half of the respondents admitted having experienced poor mental health.

Q14 Please describe your health status briefly.

When the respondents were asked to explain their health status, a large number of them reported low mental and physical health due to the public health crisis. 35 of the respondents reported that their mental health was affected due to isolation, and 31 said that stress and worries about their and their children's future caused a lot of anxiety and depression. 25 reported low physical health and the main reason cited was being overweight due to being housebound. 15 of the respondents said that their health deteriorated due to being COVID-19 positive and due to the after-effects of this. 12 said they are diabetic; 6 have arthritis; 12 felt generally weak and tired due to a lack of exercise; and 2 said that they had very low confidence during the lockdown.

"My depression and anxiety got worse. I get panic attack when I go out to meet people".

"No job due to ill health. Can't meet family and friends. I am depressed".

"Mentally and socially, I am in a poor situation".

"Low morale, lack of confidence and poor physical health".

"Tired and recovering from COVID-19".

"Working from home, and put on weight".

"Got fever due to fear of COVID".

"Fatigue and cough".

"Feeling low".

"Stressed out thinking about my children's future".

"High level of stress, and loss of sleep".

"Diabetes is all unmanageable as I couldn't go to the doctor"."Difficult to explain. Everything changed due to the pandemic. I lost my husband so now I am responsible for everything. I am totally confused and lost".

"Depression creeping in slowly".

Q15 Has lockdown impacted your children/young people at home in terms of physical/mental health?
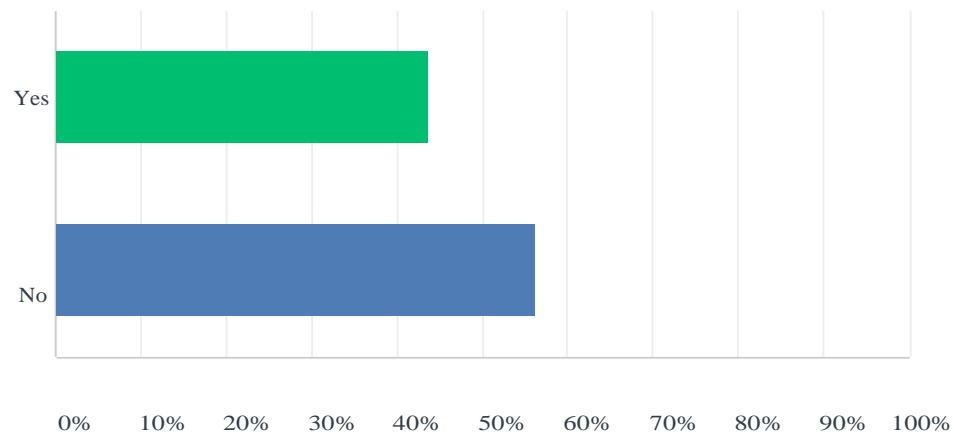

Figure 22

ANSWER CHOICES	RESPONSES	
Yes	43.71%	66
No	56.29%	85

Lockdown has been a difficult time for families with young people and children at home. Working mothers of young children were struggling to work from home whilst children were at home too. Young people who would otherwise be active and connected to the outside world found it more difficult to be stuck at home. Over 43% of the respondents reported that lock down during the pandemic had impacted their children and young people's well-being. Young people in particular found it difficult to keep a balance of adjusting with being with their parents and having their own space to do activities of interest.

Q16 If yes, please describe briefly.

When asked to describe, parent's/guardian's first reaction was that it is hard to see their children and especially young people experience a poor lifestyle. It seemed to be the major worry expressed by most parents.

It emerges that the main issues for children and young people have been in relation to their deteriorating mental health due to isolation and loneliness experienced by them. 45 respondents reported depression and anxiety among young people. Loneliness and isolation has been the main reason. Being cut off socially from friends and family and not leading an active outdoor life that young people usually would do led to poor health outcomes among them. 12 respondents reported young people having clashes with parents at home and 3 respondents mentioned that the last two years have been really hard for their autistic children as they were not getting any support, and it was difficult for them to get by whilst in isolation at home. It was difficult for parents throughout the pandemic. 23 respondents mentioned that children and young people put weight on during lockdown due to a lack of an active lifestyle. 2 respondents noted how their children were losing confidence due to studying at home and not being able to go to school. Parents felt that children missed out on their education. A further 2 respondents mentioned that young people strived hard to get part-time jobs when they were not able to go to school or college, but were unsuccessful. Young people suffered anxiety due to an uncertain future. Children and young people mainly spent time at home watching television or were too dependent on digital technology.

22

"Had clashes and arguments with parents".

"Young people can't meet their friends, getting bored with all negative thoughts".

"With husbands and sons at home, clashes are difficult to handle".

"Lack of focus and concentration for children".

"My son is autistic and it was hard for him to learn in isolation with no support".

"Lack of social activities impacted children and young people's health".

"It's taking time for our young people to build social confidence".

"Children dependent more on electronic gadgets, and it's not helping their physical and mental health".

"Young people are getting into anti-social activities out of boredom".

"Too much dependency on technology".

"Not being able to see extended families impacted mental health of children and young people".

"Life has changed. Can't travel and go for holidays. Seriously affecting mental health of all".

Q17 Recovery - How has the pandemic changed your life and circumstances overall and what coping strategies have you developed?

Overall the majority of respondents reported that the pandemic had changed life drastically for them and their families. Living life with restrictions is something that people never thought that they would have to do. Isolation and mental health issues are again cited by the majority of the respondents that led to drastic lifestyle changes. An inactive lifestyle; poor physical health; and not being able to travel and go for holidays, has made day to day life harder. Domestic violence issues are on the rise. One woman mentioned about applying for a divorce as she could not take the stress and anxiety of dealing with marital issues. Unemployment and losing jobs are seen as some of the reasons for rising domestic violence cases. Not being able to join friends and families during happy and sad times has led to anxiety and depression among many as reported by the respondents. Many older people felt that they were now not so confident and got anxious when asked to join big groups. They reported that they avoided groups and preferred to stay at home as they seemed to get stressed and anxious approaching groups.

Nevertheless, the survey has also revealed the positive changes in people's lives.   11 respondents reported that how being at home enabled them to reflect on their lifestyle and future, spend more time with their family and learn new skills such as digital technology and to connect with friends and family via Zoom; all things that they had not done before. Some started reading books and enhanced their cooking and other skills.

The main coping strategy mentioned by most respondents was talking to friends and family on the phone, exercising, going for morning walks and keeping themselves busy with household chores.

"Trying to engage children in relevant activities and talking to families over the phone".

"Since working from home, I go for morning walks. It is helping my well-being".

"We were looking for a house, but all came to halt".

"Trying to eat healthy food and looking after myself".

"The positive side of COVID-19 is that gave us time to reflect on our lifestyle and routine".

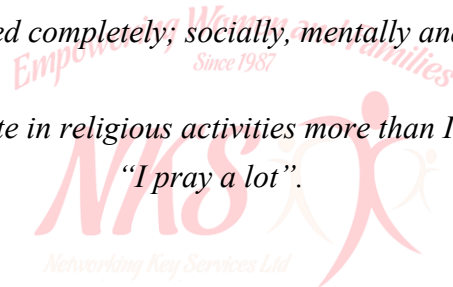*"Reading books and watching TV kept me occupied".*

"I did lot of cooking and learnt to make new dishes".

"Sharing work with family members".

"Life has changed completely; socially, mentally and financially".

"I participate in religious activities more than I used to".
"I pray a lot".

Discussion and Summary of the Health and Well-being of the Participants

It emerges through the survey findings that the COVID-19 pandemic has had a huge impact on the health and wellbeing of South Asian communities in Edinburgh. Young people and children in families experienced physical and mental health issues due to being stuck at home with almost no activities to do and being hugely dependent on technology. Parents/guardians and young people themselves reported that they were getting depressed as they couldn't see a light at the end of the tunnel. Young people's futures felt so uncertain and there was a huge impact on their education.

The survey reveals that people with already poor health outcomes due to long-term health conditions experienced further deteriorating health conditions due to inaccessibility to health services during the pandemic. 22.15% of the respondents reported below average health and wellbeing and 39.87% felt that their health status was average. We can safely conclude here that well over 60% of people did not feel that they were in the best of health. Stress and worries about their and their families' futures impacted on their mental and physical health.

The pandemic has brought on board hidden inequalities experienced by South Asians and has been further exacerbated by the COVID-19 pandemic. Many South Asian families were already struggling with poor health statuses. Several studies evidence existing poor health outcomes for South Asian communities.

An article in the Health and Ethnicity journal in 2022, using the 2011 census indicated that the Pakistani community in Scotland has higher rates of poor health in the age group 15 to 44 years, but the rate is the highest among the population over 45 years of age (Vol. 27, issue 1). The article evidences poor health outcomes for older Pakistani people in Scotland. Another study in 2001, although two decades old, clearly identifies that the Pakistani and Bangladeshi origin population in Britain has the poorest self-rated health outcomes (Taylor & Francis, Soc. Med.2001 April).

Our findings conclude the urgency of the need to take action and reach out to affected people and families. A delay in taking action may result in long-term impact on the quality of life of marginalised communities and poorer health outcomes, subsequently putting pressure on the NHS.

Recommendations

- Provide information around vaccines to South Asian communities to mitigate disinformation and negative publicity around the COVID-19 vaccine.
- Promote a healthier lifestyle among families affected by the pandemic by offering a programme of health improving and health education activities in a community set up.
- Provide one to one support to individuals with poor health outcomes to manage their health and access health services.
- Support people to improve their mental and physical health by encouraging and providing access to outdoor activities such as walking, outings and social groups.

Q18 Did/do you need support to improve your quality of life and to be more resilient?
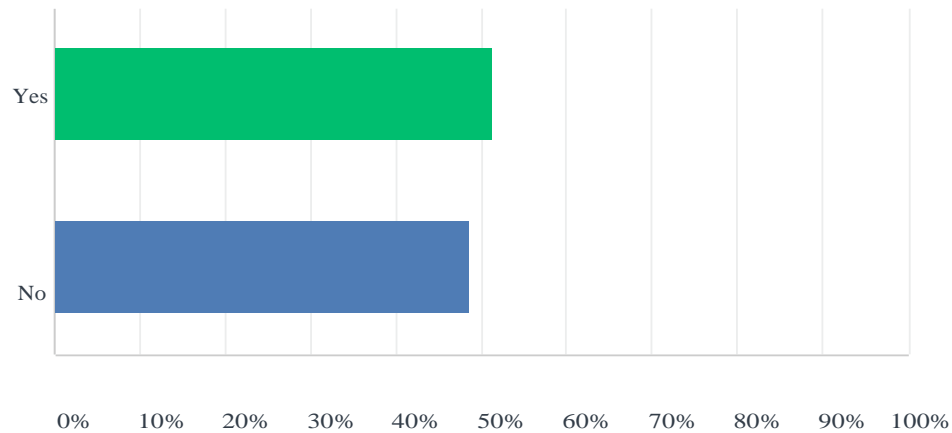
Figure 23

ANSWER CHOICES	RESPONSES	
Yes	51.28%	80
No	48.72%	76

As more than half of the respondents had informed of a deteriorating quality of life during the pandemic, we asked if they needed support to improve their life circumstances. More than half of them responded by saying they needed support rather than coping with their circumstances in isolation. The need for support indicates the level of vulnerability experienced by people during the pandemic.

Q19 If yes, then whom did you approach?

Figure 24

26
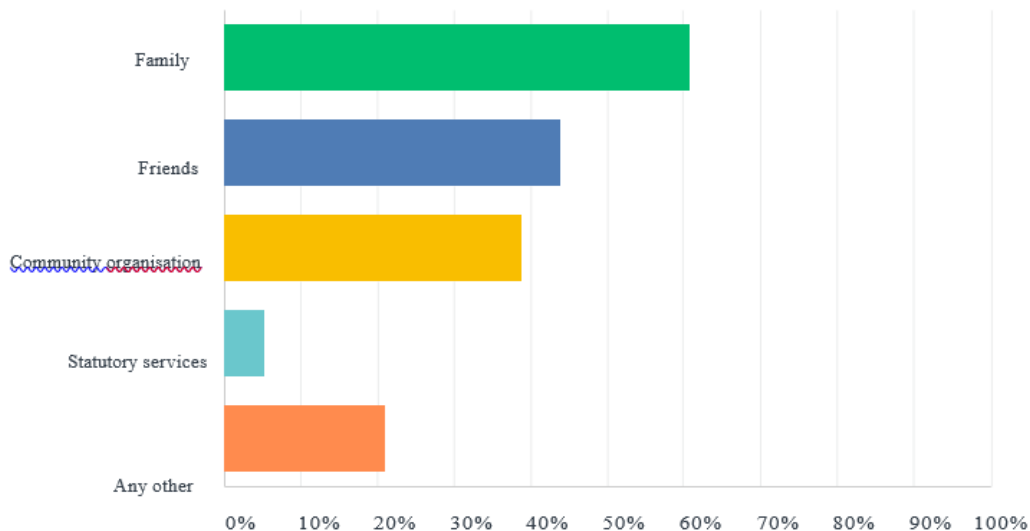
ANSWER CHOICES	RESPONSES	
Family	61.05%	58
Friends	44.21%	42
Community organization	38.95%	37
Statutory services	5.26%	5
Any other	21.05%	20

Although less than half of the respondents chose not to reply, it is clear from the figures above that the majority of them turned to their family and friends (61.5% and 44%). Over 38% sought help from community organisations. It is to be noted that very few (5.26%) of the respondents accessed statutory/mainstream services. Although some barriers are mentioned in the next question, the reasons for this are not clear. Perhaps mainstream services were not as accessible during the pandemic, as we learnt from our work during 2020 and 2021.

Q20 If not what were the barriers?
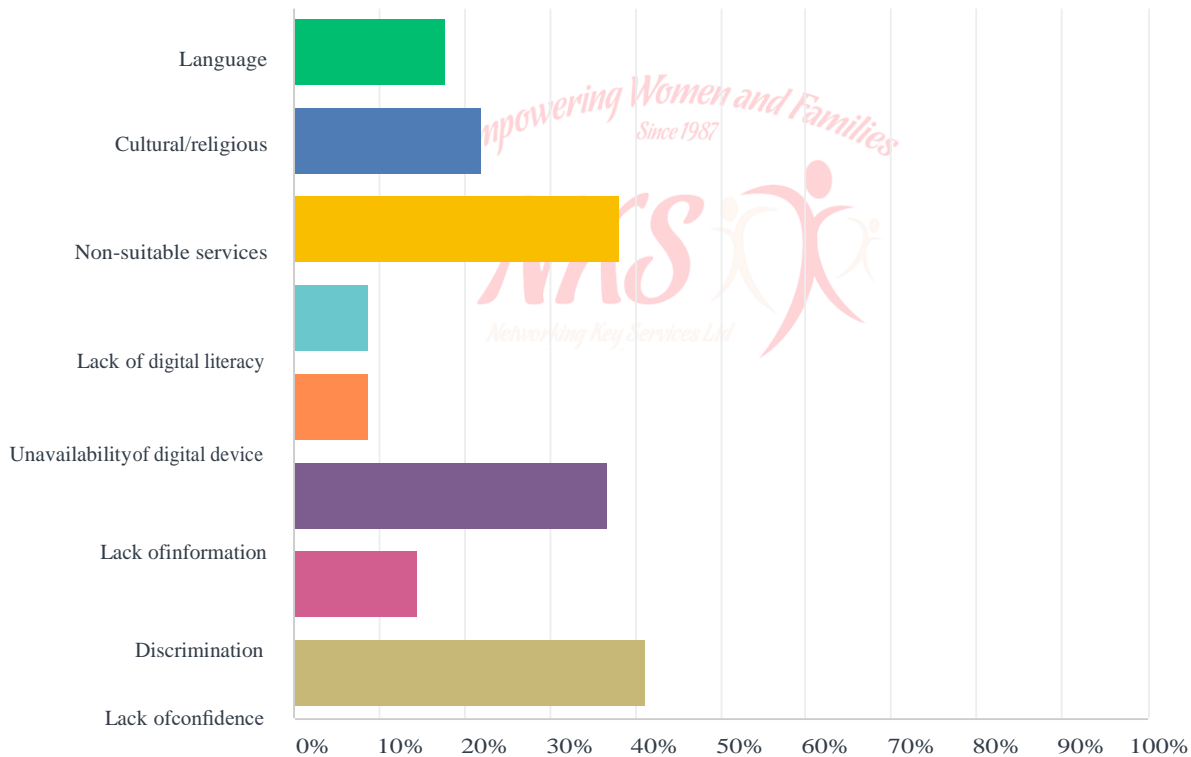
Figure 25

ANSWER CHOICES	RESPONSES	
Language	17.65%	12
Cultural/religious	22.06%	15
Non-suitable services	38.24%	26
Lack of digital literacy	8.82%	6
Unavailability of digital device	8.82%	6
Lack of information	36.76%	25
Discrimination	13.24%	9
Lack of confidence	41.18%	28

If the respondents didn't approach services or anyone else; a lack of confidence is given as the main reason for that. Through our work over the years, we have always identified a lack of confidence or low self-esteem to be one of the main reasons for not accessing services. Unsuitable services (38.24%) and language as well as cultural barriers all seem to be inter-linked. Digital exclusion is also one of the barriers that make information and services inaccessible for BAME families.

## Q21 Did you receive any support from anyone, if yes then from whom? Please describe briefly.

102 survey participants responded regarding the support they received during and after the pandemic. Almost half of them (43) reported to have received help from friends and family. Some of them explained that they were more comfortable asking family and friends to support them. However, 47 respondents informed us that they reached out to community organisations or mainstream services for support. The organisations mentioned were; NKS, Thrive, Sure Start, health professionals and the benefits office. Out of 47, only 6 respondents reached out to mainstream services, and 41 approached community organisations for support. 12 respondents did not seek any support.

"Received support from friends and family mainly, and also from community organisations".

"Family and friends supported, but remote help".

"From close friends".

"Government".

"My friends and flat mates".

"Support from my children".

"Community organisations approached us and helped".

"Community organisations such as NKS and Milan".

"My cousin texted me every day".

"Thrive Support Group".

"NKS helped me".

"I was contacted by NKS and offered food and essentials".

"I used to receive support from Autism organisation, but since the pandemic. No support".

"NKS brought all senior members of South Asian communities together online by helping with digital devices and learning".

"My family prepared meals for me and delivered on my doorstep".

Q22 What support do you think is required to support communities impacted by COVID-19? Please describe briefly.

All 161 survey participants responded and described briefly the support required by communities.

Access to welfare benefits due to deteriorating economic circumstances is the second top priority (33) for communities, with support with mental health issues being the top priority (54) in the community. Many respondents explained that during the pandemic depression and anxiety had led to poor mental and physical health outcomes. It's about time that people are supported to improve their mental health. 21 respondents mentioned outdoor activities to improve their physical health that has been affected due to a lack of activities during COVID-19.

Befriending and information in South Asian languages via written leaflets and via workshops with bilingual community workers was seen as important (29 respondents) to increase access to various services after COVID-19. The respondents explained how older people have been impacted due to being housebound, facing isolation and experiencing hardships and poor health outcomes. There should be more funding for older people's work as they suffered the most. Carers have experienced low mental and physical health due to increased responsibilities. A lack of support from relevant agencies added on to the responsibilities of carers causing increased stress and pressure. There needs to be more support for carers. 15 respondents talked about better access to health services.

"It's really frustrating when we can't access health services due to long waiting lists. All this is adding onto the poor health outcomes".

"Any kind of support to help us improve our wellbeing".

"Weekly Zoom calls if we can't come out, especially housebound older people".

"We need urgent support to improve our mental health. Maybe more social groups and outings".

"Befriending is very helpful. Community workers used to phone me and sometimes visit me on my doorstep. It is really helpful".

"Digital devices set up for us and how to use these will help to keep busy".

"We have to stay connected socially and community organisations are very approachable to support our increased social network".

"Health and wellbeing support; yoga, walks and exercise organised by NKS".

"Help to improve our mental health".

"I suffer from depression and anxiety. I need help to recover".

"I feel those affected by COVID-19 should receive one to one support".

Discussion and Summary of the Support Received and Required

Through our findings it emerged that the respondents trusted family the most to approach for help and support. Many preferred friends. After family and friends, people approached community organisations. Asking for or receiving support from mainstream organisations was much lower down the list for the respondents. Nearly 50% did not approach anyone for help and support. The reasons given were a lack of confidence and a lack of information about whom they could approach for support.

The reasons given for not seeking support from mainstream organisations included: services did not suit their needs; a lack of information on how to access mainstream services; language barriers; and cultural and religious barriers.

Third sector community organisations were preferred as it was felt that these agencies are accessible and approachable and there is a level of trust that communities have with them. Many of the respondents stated that they already have good relations with their ocal community organisations and they felt comfortable with bilingual community workers. Some of the respondents reported that they got support from community organisations as they were outreached by them. This is also evident from the observation and monitoring report published by the National Lottery; which discusses the work of projects funded by them. According to their report; Learning and insights into COVID-19 – Black, Asian and Minority Ethnic communities, third sector organisations funded by them responded well to the immediate needs of communities during the public health crisis in many ways – by supplying food and essentials; and supporting their mental wellbeing by reaching out to families. The bilingual workers provided information in people's first language and supported their mental health and wellbeing.

Individuals who took part in the survey reported that depression and anxiety has been on the rise due to the pandemic and all the restrictions imposed. There is an urgent need to support communities with their mental wellbeing. People lost their jobs and had less income, compounded by rising expenditures. Support with accessing welfare benefits is a priority as increased poor economic circumstances are causing stress and worries. Access to information, not only translated in South Asian languages but also via face-to-face workshops will be helpful as many grass root people do not read and write their first language too. Support for older people and carers is an urgent need as these sections of communities experienced extreme challenges. Support to access health services is important to address inequalities as the pandemic has made health services more inaccessible as a result of long waiting lists.

Recommendations

- A programme of activities to improve mental and physical wellbeing.
- Information about vaccinations to address misconceptions and encourage communities to have vaccinations.
- One to one support to access welfare benefits.

- Training to enhance existing skills to improve job opportunities.
- Information in South Asian languages; written and verbal through educational sessions.
- Support for older people via befriending and social groups.
- Support for carers to access services exclusively for them.
- One to one support to access health services via advocacy.
- Partnership with ethnic minority organisations to support marginalised communities.

Q23 Do you think digital inclusion will help connect you better socially with the outside world and with service providers?
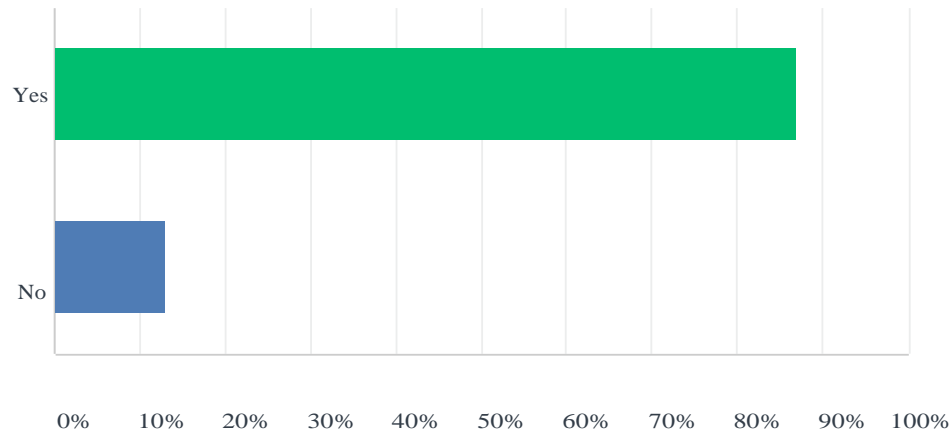
Figure 26

ANSWER CHOICES	RESPONSES	
Yes	86.90%	126
No	13.10%	19

Digital exclusion is a crucial issue that needs to be addressed in South Asian communities. Over 86% of the respondents agreed that digital inclusion would have helped and will help moving forward to increase social networks for isolated people.   Through our work we have experienced this gulf of a gap during the pandemic. NKS had an uphill struggle to connect and engage with people who were already isolated and had either no digital device or almost no digital literacy, especially women and older people at grass root level. During the last two years, NKS has worked tirelessly to improve digital inclusion for the disadvantaged. Nearly 100 devices have been distributed to women, older people and people on low incomes and one to one sessions have been organised to teach people about Zoom and WhatsApp.

Q24 Are you confident about your digital literacy level?
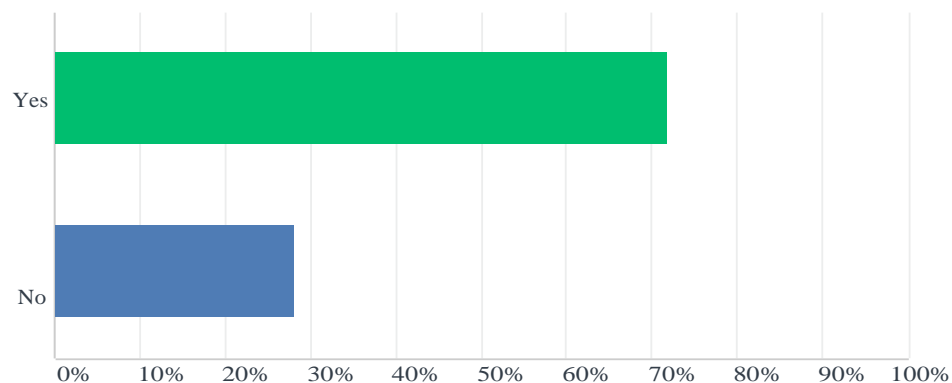
Figure 27

ANSWER CHOICES	RESPONSES	
Yes	71.90%	110
No	28.10%	43

From the large majority of the respondents agreeing to digital inclusion being one of the pathways for people to increase their social networks, 71.9% said that they were confident regarding their digital literacy level. We would confidently mention here that all the work of NKS over the last two years has had positive outcomes, resulting in over 71% being comfortable with their basic digital knowledge.

Q25 If no, then do you need help and support top improve your digital skills?
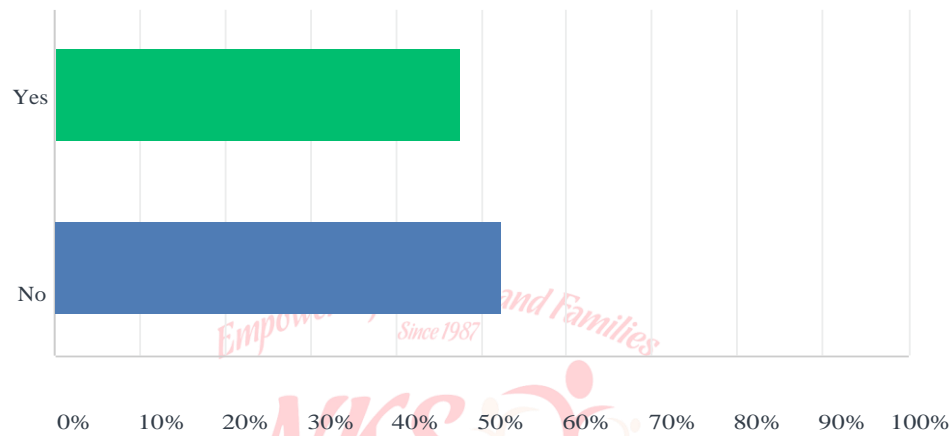
Figure 28

ANSWER CHOICES	RESPONSES	
Yes	47.52%	48
No	52.48%	53

Of those who felt that they were not confident with their digital skills, over 47% were looking for help, that is 48 respondents clearly need further support with their digital skills. We observe that these 48 respondents are part of those who reported low educational qualifications. It is evident that there is a lot to do to address digital exclusion issues for South Asian people.

Q26 Who do you feel comfortable to approach for support?

Figure 29

ANSWER CHOICES	RESPONSES	
Family	73.97%	108
Friends	51.37%	75
Service providers	21.92%	32
Community organization	43.15%	63

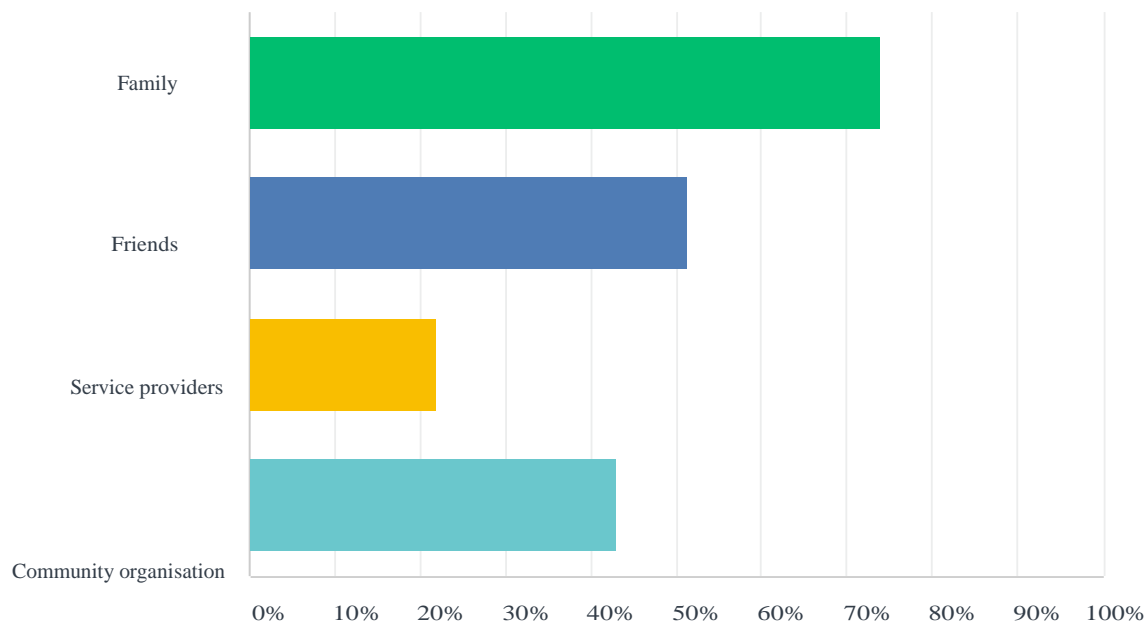For those who need support in relation to digital literacy, we asked who would they approach for support. A large number of the respondents (73.9%) felt comfortable approaching their family or friends if they needed help. We have observed that out of convenience women and older people mainly ask young people at home to help them with digital devices. Just over 43% said that they would approach community organisations. Community organisations can only help if they have the time and resources. There is a need to create dedicated long-term projects to teach BAME people digital skills in their first language. Multilingual tutors are needed to take such projects forward.

Q27 Why do you feel comfortable with the choices for support you have ticked?

The majority of the respondents had chosen family and friends as their support choice where they could go and seek help, but almost half of the respondents preferred seeking support from community organisations that they were already connected to.

The respondents have given a range of reasons regarding why they have made the choices they have made. Families are seen as the most trustworthy people who will maintain confidentiality. They understand the background information and the problem faced. It's easy to communicate with the family and they are approachable. The comfort level with families is greater than with anyone else.

"I am close to my family, they understand my problem".
"I trust my family".
"I have full faith in my family that they have my best interest at heart".
"My family can relate to my emotions".

34

Those that chose community organisations as their support had their own reasons for that. A number of community people trust community organisations due to their neutral way of working. Community workers are non-judgmental and are caring. They listen to one's problem and try finding solutions. They are approachable. Some respondents chose community organisations as they already have good relations with community workers and trust them for support.

"I have a good relationship with some community workers and they know my situation".

"Community workers have a lot of empathy and are always willing to help".

"Community organisations are approachable".

"I trust community organisation I visit. They don't judge me. They help me as much they can".

Discussion and Summary of the Digital Literacy and Exclusion of South Asian Communities

It emerges from our findings of the survey with South Asian communities that the use of digital formats as a way of obtaining information or connecting with the outside world is the way forward in the current public health environment of uncertainty. The respondents reported that digital literacy is a big challenge faced by especially grass root women and older people in South Asian communities. An increased number of services and information sources are moving or have moved online, which make all these services inaccessible for people with low literacy levels. Digital exclusion is an issue that needs to be addressed for marginalised BAME communities. It is evident from the response we got from the survey results that grass root South Asian people are at risk of being excluded from the digital world if not supported at this stage. A number of studies have evidenced that digital exclusion is linked to health inequalities, as so much relevant information and services have moved online. An overwhelming number of respondents felt that they needed support with digital upskilling.

Although NKS has been supporting South Asian communities to enhance their digital skills for the last three years, it's only the beginning, a lot still needs to be done to support especially, women and older people.

The respondents informed us that they have been comfortable seeking help from their family and friends as these sources of support were easily accessible, and they felt comfortable asking them for help. They reported that women and older people at home have been asking those of younger generations for help to navigate the use of digital devices. However, such help from family and friends is not suitable and sustainable. There needs to be a more appropriate source of support. Community organisations were preferred by majority of the respondents to enhance their digital literacy. A report produced by NKS in 2018 evidenced that a digital learning model in line with the needs of South Asian women is required as low literacy levels and a lack of English language skills can be a deterrent for them to learn.

Recommendations

- Support women and older people in grass root communities to obtain a digital device.
- Informal and formal digital training sessions for women and older people.
- A digital skill enhancement model in line with the needs of people with low literacy levels and low English language skills.
- One to one support for women and older people for digital learning in a comfortable environment.
- A pool of bilingual/multilingual tutors to support people with the English language barrier.

Q28 Any other comments?

77 survey participants responded with additional comments to further highlight some issues. In summary, the survey participants appreciated that they had been approached to ask what their needs are. The participants commented that they would like to see some positive outcomes in response to the information provided by them. The challenges faced by them should be addressed on some platform. Just collecting information and presenting it in the form of a report doesn't help. It's only opening a can of worms and not doing anything about it. This can do more damage to people's well-being.

"Thanks for survey, great approach for who is needy and require any help".

"Interesting questions to access the impact of pandemic".

"We all would like to see light at the end of tunnel. We have lost confidence".

"Important to ensure that people's lives come back to normal, lot of support is required".

"We have suffered a lot due to the pandemic. We need support to recover".

"All the help is appreciated through these hard times".

Female South Asian Carers

25 female carers; paid/unpaid, participated in the focus group session. All these women had also completed the survey form. The participants are already members of the carers forum at
NKS. A discussion session was organised to get further information about how the COVID-19 pandemic affected their life. The discussion took place in women's first language and was led by the project coordinator responsible to manage the forum on a monthly basis.

The participants responded when prompted via specific questions and also added their own experiences of how the pandemic affected their health and lifestyle, and the support they received during these difficult times. All 25 participants reported that the lockdown took a toll on their mental and physical health as carers. Isolation and being cut off from the rest of the world also affected the cared for. The situation went from bad to worse, and their life has been effected for quite some time to come. The women said that they felt abandoned with no support from anywhere. Mainstream services were not so responsive for various reasons. They
had negative experiences of services on many occasions. The only support they received was from community organisations. Organisations such as NKS got in touch with them, delivered hot food and asked if they needed help. It felt good that someone remembers them. They felt it to be daunting to access services as they didn't have much information on relevant services compounded by inaccessibility that effected the quality of life of all at home.

Mental Health of Carers and the Cared For

The impact of the COVID-19 pandemic on people's mental and physical health is clear from the account of daily life of one of the participants:

"I look after my husband who is autistic and over the years of our marriage he had developed mental health issues I also care for my daughter who is autistic, before the pandemic I was managing fine as I could visit family friends when things got too difficult.

During the lockdown, I was in the house with my husband and daughter, the stress of the lockdown took its toll on both my child and husband they could not understand why the world had suddenly shut down, my husband's mental health was shattered and he became violent towards me and my daughter began to have excessive meltdowns.

After the endurance of all this, I could not take any more. I contacted the carers team at NKS and got urgent help. Even when things have become normal since restrictions have been lifted, I feel I cannot be the same. It has definitely affected my mental health for the entire lockdown that I suffered things can't be normal for me though I'm getting the help provided but it will take time."

Community organisations that were and still are in touch with the families are lifeline for them. There is a need to highlight and support these organisations, as they have the most appropriate tools to communicate and act as mediators between mainstream services and grass root communities.

Access to Services

Inaccessibility to services further led to deteriorating life circumstances for carers and the individuals they cared for. Majority of the services were not responding due to the lack of staff and fear of virus. Majority of the participants had negative experiences of mainstream services.

"I had and still have negative experience of mainstream services. No one answers calls any more. All is through emails and departments take ever so long to get back. I had been facing anti-social behaviour by my neighbour but the housing association was unable to respond or help as there were not enough staff. I was so scared for my life by my neighbour but I received no help when I really
needed it. So I had to get up and leave and stay with a friend until I got help when the restrictions were lifted".

Health services were and still are highly inaccessible. All participants are concerned about their and the families' health without much support.

"I feel the NHS services are very slow. The surgeries never pick up the phone and if they do eventually, they organise a doctor's call back and ask us to pick up the prescription from a chemist. I feel the contact between the doctor and patient has finished".

Waiting lists are getting longer and longer and there is a huge concern among people. As there are many other barriers faced by ethnic minorities, it is resulting in widening inequalities that already existed for ethnic minorities. The NHS recovery plan doesn't have any specific strategy for BAME communities.

"I was on the waiting list with the health service for an eye operation during the pandemic. I was advised that my operation date will be moved forward as its not life threatening and there are not enough doctors. I could not wait as my eyes were giving me a lot of pain so I decided to go private and have an operation. In my case I had the available funds but the question is what about the people who are not able to afford it?"

Information about the Virus and Services

Through discussion with the carers group, it emerged that they felt very isolated as there was no one to listen to them and help until a community organisation approached them. It was clear

from the information given by the participants that community organisations are best suited to their needs and in case of grass roots; especially, South Asian families, bilingual workers are the most effective source of information. The participants applauded the community organisations such as NKS for all the support during the lockdown and are still supporting families with the after effects of the pandemic. The role of community organisations, especially in the case of BAME communities is very significant and without this pertinent role played by community organisations, the grass root and hard to reach marginalised communities will suffer.

"As a carer, I was not given any help or information about the person I am caring for. No health professionals asked me how I was coping. The only help I got was NKS carers group where I continued my attendance through Zoom. So there I would ask the carers team about my concerns and my caring duties and also about my husband that I care for and they guided me best".

"I was isolating, I got food delivered to my door. I was always asked if I was aware of all the new rules. They kept me updated at all times even about the vaccines. I attended the vaccine awareness sessions delivered by NKS through Zoom. Whenever the restrictions were coming on or easing off and how to attain my prescriptions I was always informed by NKS, otherwise no mainstream service provider was available. Many times I had problems with my bins collected. I could not contact the council until I got assistance from NKS".

Role of Community Organisations

The participants anonymously and overwhelmingly felt that community organisations are the most suitable method of engagement for them to address challenges faced by them. Local communities feel empowered when supported by community workers. The community groups give them confidence and help them to realise and enhance their skills. Community workers with their experience and access to the community understand the issues and help families to connect with service providers.

"My husband has severe mobility issues our stair lift had broken down and for months I had to carry him and support him to use the bathroom as the bathroom is upstairs it has given me a very sore back and I'm getting physiotherapy. If it were not for NKS staff many of us would have not been ourselves as they continued to deliver their support through this very challenging and difficult time and fully informed us of all the rules and regulations and vaccines and their Zoom sessions kept our sanity together".

Confidentiality was expressed as a big concern. It was reported by the participants that there are many challenges that families faced during the pandemic and many times, it becomes difficult to discuss this if trust and good relationship is not there. A phone line in their first language was suggested by the participants as an effective way to discuss issues confidentially.

"I know some of my friends who have suffered during the lockdown. They have had marital problems that they could not discuss with anyone. I would find it embarrassing to discuss my marital problems face to face. A help line will be helpful where I can talk anonymously".

South Asian Women

19 women participated in the focus group discussion. The participants are regular members of the Wednesday and Thursday Groups and all of them had filled the survey form too. The purpose of holding a focus group with the participants was to get further details about their experiences during the pandemic. The group fed back mainly positive experiences during the COVID-19 pandemic, as they were actively engaged with NKS; either through online educational sessions or one to one support offered to them by the NKS staff team. Although they chose to highlight positive side of their experiences, the women did discuss the challenges faced too and a way forward to address these. The challenges they spoke about were primarily related to their health and issues within the families that surfaced due to everyone being at home and taking time to reflect on their lives individually and collectively as a family.

Health Issues

The women informed of their deteriorating mental and physical health as the after effect of the lockdown as they worried about the future of their families, especially young people at home. A few of them spoke about how their lifestyle had changed for worse and they put on weight. There were arguments and clashes with young people at home, and between couples. This took a toll on the mental health of all family members. Although restrictions have been lifted, the participants felt that it would take some time before they come out of the negative phase.

"Facing anti-social behaviour and bullying has had deteriorating effect on my mental health. Even now, waiting for a bus on the bus stop is scary for fear of anti-social behaviour".

"Regular exercise, yoga sessions and outings in the coming years may help us to get out of the negative experiences we have had over the last two years".

Intergenerational Conflicts and Domestic Violence

The participants raised a very complex issue of domestic violence that in many cases took place not related to marital issues, but due to conflicts with younger people at home. Keeping young people at home became increasingly a difficult task. Due to generational gap, there have been arguments and disagreements with young people. The frustration of the lack of social life for young people in one case led to physical violence at home for a single parent. Although only one woman talked about her experience, the other participants backed it up by bringing up the need for parenting skills within the cultural and religious boundaries where parents can initiate effective communication with young people at home.

"We desperately need to discuss parenting skills and share information with our peers on how we can communicate with young people amicably and raise our cultural and religious concerns with them".
"In a way, we have language barrier not only with the mainstream service providers, but with our children too. I am not so confident speaking to my children and grandchildren in English".

English Conversation and Digital Learning

The women said that they need confidence building where they could feel more empowered to deal with their life circumstances and feel more resilient. Dealing with young people at home is stressful and effecting, especially women's health. Communication with their children has become a barrier for many women due to the lack of English language. Learning to speak English will help raise their confidence.

Enhancing digital skills has become almost a necessity. Everything seems to have moved online. Service providers prefer to communicate via emails, and many of the women do not know how to operate emails. The women informed that they often seek help from the NKS family support worker to communicate with service providers.

"NKS helped us all to connect on zoom and we were well connected with NKS and attending activities that kept us going. This made us realise that we need to upskill ourselves digitally".

"English conversation sessions organised by NKS online have helped. I managed to communicate with my GP I used to take my daughter in law with me to interpret, but after attending English conversation sessions, I communicated myself and my GP was impressed".

Barriers to Improve Life Circumstances

The main barriers mentioned by women were:
- Language barrier
- Isolation
- Digital skills
- Poor housing
- Physical disabilities
- Health issues
- Lack of information
- Lack of confidence
- Inaccessible services

To address barriers faced, the participants expressed the need for regular English conversational classes, digital learning sessions, and appropriate support to access services through advocacy, information workshops, confidence building workshops, parenting skills sessions, outdoor activities such as walks and cycling, courses and training i.e. childcare course and care assistant course.

Older South Asian Men (65+)

12 men participated in the focus group discussion. The group leader and a volunteer facilitated the focus group online. Of the 12 participants, 5 had not filled the survey form. The reason given was the lack of knowledge of how to fill forms electronically and for some it was the age factor. All men who participated in the discussion session were over 70 years of age, and have

been attending the lunch club at NKS during the pre-COVID-19 period. The participants talked about their circumstances during the pandemic and their experiences of the services for older people and for people with long-term health conditions.

The participants talked about their deteriorating mental health and how COVID-19 affected their life overall. They felt sad locked up at home with no one to turn to. They were not allowed to see their loved ones who lost their lives. As older people, they were mentally confused. They felt anxious and were depressed. There was this fear of the unknown. The men said that they received letters to shield suddenly. Some felt loss of memory and some sadly informed that they lost hope to live. If there were any support services, these were not reaching them. Those who had been COVID-19 positive at some stage and were admitted to hospital, informed that situation in hospitals was bad and staff there were under a lot of pressure.

Services for Older People

It clearly emerged from the focus group discussion that older people felt abandoned with very little services reaching out to support them. Older people with long-term health conditions received letters to shield without any explanation or consultation. They were completely cut off from health services such as their GP, hospital, chemist or local shops. All they knew was that they have to wear masks and not go out.

"I received a letter and was asked to shield. I did not understand what it meant. NKS worker explained it to me".
"I couldn't get in touch with my GP. I was lost where to get help."

They couldn't visit the religious places such as temples and mosques. These are the places regularly visited by older people where they meet their peers or at lunch clubs organised by community organisations. There was no clear information available about COVID-19 or any restrictions. Older people were mainly finding information from bilingual community workers.

Support Required

Apart from written information in different South Asian languages about COVID-19, vaccination, and how to keep safe and protected from the virus, there is a need for audio information for older people. Many older people are finding it difficult to read either because of poor eyesight or because they can't read and write. One to one support to attend health appointments is becoming a pressing need for older people, as travelling to attend their appointments is a big barrier for them.

"I live alone and don't drive any more. I need help with transport and travel. I can't travel for my health appointments alone myself".

Many a times they forget about their appointments. In addition, there is more and more need for support with their shopping. Asian home helps is a major gap for South Asian older people. They prefer a home help who is of a similar cultural background and understand their needs.

"*I need someone to cook Asian meal for me. It is difficult to find someone to come to my house and cook for me".*

Support Received

All participants anonymously agreed that NKS was a lifeline for them, when they needed support, but the organisation had its limitations. They received food and essentials from NKS delivered to them throughout the pandemic for one and a half years. NKS also visited most of the older people using their services on their doorsteps to ask after them and if they were all fine. It was well appreciated by older people in South Asian communities. Besides hot meals, digital devices were provided by NKS and the staff visited them at home to set up their devices and teach them how to use these.

"NKS volunteers helped me with my shopping during the pandemic. They checked on me from time to time. I felt supported".

"Receiving hot meals and essentials from NKS was a blessing. I hadn't had fresh meal for a while before they delivered it to me".

It clearly emerges from the above discussion that there is a lot that still needs to be done for older people to lead them to the recovery pathways. The participants felt that community organisations play a significant role in supporting older people to improve their quality of life. They would feel comfortable and would trust community workers who are already in touch with them and are trusted by them.

Way Forward

Although the way forward has been explained via recommendations in the report, a brief summary of the way forward and pathways to recovery from the effects of the pandemic requested by the survey participants is presented here.

In view of the survey and focus group discussions that formed the basis of the report, there are a number of suggestions made by the participants for a way forward towards better support for grass root South Asian people. As the COVID-19 pandemic has impacted on people's lives over the last two years, the socio-economic and health inequalities have widened as explained by majority of the survey participants in relation to inaccessibility to services and their life circumstances over the last two years. As explained by the participants, there is an urgent need for one to one support to access relevant services for families and address inequalities issues. Voluntary sector community organisations need to connect more and more with families that are not reached out by other service providers. From the perspective of the excluded families, it's not the communities that are hard to reach, but service providers are not approachable or accessible. Bilingual community workers are best placed to act as advocates to facilitate accessibility to services. An anonymous phone helpline in different South Asian languages has been requested by women to address issues of stigma and confidentiality. NKS has already started the process of creating a phone helpline for the community and hope to reach vulnerable families via this process.

The lack of information and language barriers are further challenges that need to be addressed. Written information in different languages is one way of raising awareness, but holding workshops around relevant services that families can access is important. These workshops need to be held in South Asian languages by bilingual workers. In addition to raising awareness of various services, encouraging healthier lifestyle by offering outdoor activities such as walks, cycling and social outings hold significant importance. Indoor activities such as sessions on mental health, mindfulness and yoga are some of the pathways towards improving quality of life.

Digital learning sessions with a dedicated team to support South Asian women and older people at NKS will improve digital literacy and help them to connect socially and access information about services. Training and courses, online and face to face will, especially for women, help to increase access to the job market.

From all of the opinions communicated by the survey participants, it emerges that the best way forward is an increased active role of the community organisations such as NKS that have a clear focus on South Asian communities. To ensure resilient and empowered communities on their way to recovery in the long run, increased resources for community organisations should be prioritised by the funding bodies.

Conclusion

The survey study was welcomed by the sample of people chosen from South Asian communities in Edinburgh and Lothian. From the response received it is clear that communities are still experiencing the negative effects of COVID-19, and are urgently looking for support in different areas to improve their life circumstances impacted due to COVID-19. The study also provides clear evidence of the impact of the COVID-19 pandemic and gaps in accessing appropriate services for people to address issues faced by them. There has been an impact on people's mental and physical health due to worries and anxiety about their and their families' futures. The gaps appear to be in accessing services due to a lack of information, barriers faced as marginalised communities, and appropriate support along with fewer cultural sensitive services.

The evidence provided by the respondents indicates that social and economic circumstances have been impacted the most. The change in people's socio-economic circumstances have led to loneliness and isolation and poor lifestyles due to reduced income to support themselves and their families. The survey also suggested that the lack of appropriate support during the pandemic led to deteriorating mental and physical wellbeing. Although overall wellbeing has been impacted due to the lockdown and restrictions imposed, a lack of appropriate support exacerbated the negative impact.

Apart from family and friends, the respondents reported receiving support from community organisations. Increased accessibility to services and more trust in community organisations were reported by the survey participants. It is clear from the findings of the survey that more support from community organisations would be welcomed. There is a need to outreach the affected families via bilingual/multilingual community workers whom they are already in touch with, as more trust is placed in community workers who are known to them.

There is an urgent need to support people to improve their health and wellbeing. Awareness about mental health and a programme of activities to combat isolation and increase social networks by offering a platform to meet others will help to improve their quality of life.

Increased family support is needed for communities experiencing challenges due to experiencing the after-effects of the pandemic disproportionately. One to one advice and support are required to access welfare benefits for those experiencing deteriorating economic circumstances. Moreover, upskilling in different areas of work through training and courses will help to rehabilitate families economically.

More time and adequate resources are required for bilingual community workers to reach out to isolated families and offer support to access appropriate services. Suitable intervention is urgently needed for communities to bounce back from the deteriorating impact of COVID-19 and to improve their quality of life.

References

Mirjam Allik et al. Ethnicity and Health (Vol 27 issue1), Differences in ill health and in socioeconomic inequalities in health by ethnic groups: a cross-sectional study using 2011 census, 2022.

Office for National Statistics; People, population and community, Health and Social Care, COVID-19: Why have Black and South Asian people been hit hardest by COVID-19.

Kiren's Blog: Understanding Loneliness and isolation in Scotland.

McCartney Gerry et al: Has Scotland always been the 'sick man' of Europe? An observational study from 1855 to 2006, Eur J Public Health. 2012 Dec: 22 (6):756-60. doi: 10.1093/eurpub/ckr136. Epub 2011 Oct 22.

Barnard H: Joseph Rowntree Foundation Scotland: Poverty in Scotland 2017.

Centre for Ageing Better: Health of Some Ethnic Minorities in the UK equivalent to white people at least 20 years older, Research at Universities of Sussex and Manchester, November 2021.

Raleigh V & Holmes J: The Health of People from Ethnic Minority Groups in England', The King's Fund, Published February '21 and updated September 2021.

National Outcomes: National Performance Framework. Gov. scot/National-outcomes.

Scotland's Wellbeing: The impact of COVID-19: https://nationalperformance.gov.scot/scotlands-wellbeing-impact-covid-19.

Scottish COVID-19 Public Enquiry establishment: equality impact assessment summary: www.gov.scot/publications/establishment-scottish-COVID-19-public-enquiry-equality-impact-assessment-summary/pages1.

Shrivastava Meghna: Impact of COVID-19, Networking Key Services Limited, 2020.

Networking Key Services Limited (NKS)

Darroch Annexe

7 Gillespie Street

Edinburgh

EH3 9NH

Tel: 0131 221 1915/0131 659 7837

Email: nks@nkshealth.co.uk

Website: www.nkshealth.co.uk

Registered Charity Number: SC000697

Registered Company Number: 226920

Facebook: /networkingkeyservices

Twitter: /nkshealthltd

Instagram: /networkingkeyservicesltd